

**“A STUDY OF SIDDHA DIAGNOSTIC
METHODOLOGY OF ENNAVAGAI THERVU FOR
KUNMA SOOLAI”**

Dissertation submitted by

DR. K.Mani

Reg. No: 321715006

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Department of Noi-Naadal

Govt. Siddha Medical College, Palayamkottai – 627 002

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GOVERNMENT SIDDHA MEDICAL COLLEGE PALAYAMKOTTAI,

TIRUNELVELI - 627002, TAMILNADU, INDIA

Phone: 0462-2572736/2572737 Fax: 0462-2582010

Email: gsmc.palayamkottai@gmail.com

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled “*A Study of Siddha diagnostic methodology of ennvagai thervu for kunmasoolai*” is a bonafide and genuine research work carried out by me under the supervision of **Dr. S. Victoria MD (S)**, Head of the Department, Post Graduate Department of Noi-Naadai, Govt. Siddha Medical College, Palayamkottai and the dissertation has not formed the basis for the award of any Degree, Diploma, fellowship or other similar title and contents.

Date:

Place: Palayamkottai

Signature of the candidate

(Dr. K.Mani)

GOVERNMENT SIDDHA MEDICAL COLLEGE PALAYAMKOTTAI,

TIRUNELVELI - 627002, TAMILNADU, INDIA

Phone: 0462-2572736/2572737 Fax: 0462-2582010

Email: gsmc.palayamkottai@gmail.com

BONAFIDE CERTIFICATE

This is certify that the minor research project entitled “*A Study of Siddha diagnostic methodology of ennvagai thervu for kunmasoolai*” is a bonafide work done by **Dr.K. Mani (Reg. No:321715006)**, Govt. Siddha Medical College, Palayamkottai in partial fulfilment of the University rules and regulations for award of **MD(S) NOI-NAADAL** under my guidance and supervision during the academic year 2017 - 2020.

Name and Signature of the Guide

Name and Signature of the Head of the Department

Name and Signature of the Principal

GOVERNMENT SIDDHA MEDICAL COLLEGE PALAYAMKOTTAI,

TIRUNELVELI - 627002, TAMILNADU, INDIA

Phone: 0462-2572736/2572737 Fax: 0462-2582010

Email: gsmc.palayamkottai@gmail.com

CERTIFICATE

Certified that I have gone through the dissertation entitled *A Study of Siddha diagnostic methodology of ennvagai thervu for kunmasoolai*” is a bonafide work done by **Dr.K. Mani (Reg. No:321715006)**, a student of final year MD (S), Branch-V, Department of Noi-Naadal of this college and the dissertation work has been carried out by the individual only. This dissertation does not represent or reproduce the dissertation submitted and approved earlier.

Head of the Department,

Branch-V

P.G Noi-Naadal,

Govt. Siddha Medical College,

Palayamkottai.

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1 INTRODUCTION

Siddha is a term that is used widely in Indian religions and culture. It means “one who is accomplished It refers to perfected masters who have achieved a high degree of physical as well as spiritual perfection or enlightenment. Siddha is a comprehensive medical system that places equal emphasis on the body mind are spirit and strives to restore the innate harmony of the individual. Treatment is aimed at restoring balance to the mind –body system .Diet and lifestyle play a major role not only in maintaining health but also in curing diseases.

Siddha medicine, traditional system of healing that originated in south India and is considered to be one of Indians oldest systems of medicine. The Siddha system is based on a combination of ancient medicinal practices and spiritual disciplines as well as alchemy mysticism. It is thought to have developed during the Indus civilization which flourished between 2500 and 1700 BCE.

According to the tradition it was **Lord shiva** who unfolded the knowledge of Siddha system of medicine to his concern parvati who handed it down to Nandi Deva and the Siddhars. The Siddhars were great scientists in ancient times.

According to tradition, the origin of Siddha system of medicine is attributed to the great Siddhar “Agastiyar”. Some of his works are still standard books of medicine and surgery being used among the siddha medical practitioners

The Universe made by five elements viz, earth, water, fire, air, and space which are known as panjaboothams in Siddha system.

அண்டத்திலுள்ளதே பிண்டம்
பிண்டத்தில் உள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்துதான் பார்க்கும் போதே.

-சட்டமுனி ஞானம்

This lead to understanding the position of man in this Universe and his relationship with the universe.

Practitioners of Siddha medicine are known as Siddhars. The Siddhar in Tamil Tradition is a perfected individual who has attained spiritual powers called Siddhi.

Historically, Siddhars also refers to the people who were early age wandering adepts that dominated ancient Tamil teaching and philosophy. They were knowledgeable in science, technology, astronomy, literature, fine arts, music, drama, dance, and provided solutions to common people in their illness and advice for their future.

Three of the elements – air, fire, and water are emphasized in Siddha medicine. They are believed to form the three fundamental components that make up the human constitution. These three components Vata, Pitha and Kapha. (Representing air, fire and water respectively) are known as humours and their inharmonious interaction produces various pathological states.

“உருபொருள் தாங்கு முடலு முயிரும்
உடற்காதார மொன்பஞ் சபூதப்
பஞ்சீ கரணப் பான்மையா மெனவும்
உயிர்க்கா தார முயிர்த்தா தெனவும்
முப்பிரி வாகி முக்குண மணுகி
உடலை யுமுயிரையு மோம்பிக் காத்து,
வருமென முதுமறை வகுக்குந் துணிபே.”

-நோய் நாடல் நோய் முதல் நாஅல் திரட்டு- பாகம்-1
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In health their respective ratio is 1:1/2:1/4. Any imbalance in the ratio it causes disease.

The more important goals of the medical world have emerged now are prevention of disease, promotion of health to the Individuals and group of communities.

“நோயறிந்து நோய் முதலி நோக்கறிந்து
நோயுதவு தாயறிந்து காக்கும் வகையறிந்து –காயநிலை
நொந்தழியா வண்ணம் மருந்து செய்விப்பாரே
தந்தையெனும் நற்பண்டிதர்.”

-தேரையர்

The author has chosen the topic “Kunma Soolai” mentioned in “Yugi Vaidhya Chinthamani” for the study.

By this thesis the author tried to diagnose the Kunma Soolai by Ennvagai Thervugal

நாடிப்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்.

-நோய் நாடல் நோய் முதல் நாஅல் திரட்டு-

பாகம்-1

The diagnosis of disease involve identifying its causes identification of causative factors through the examination of pulse, urine, eyes, study of voice, colour of body, tongue and the digestive system. The system has worked out detailed procedure of urine examination which including study of its colour, smell, density, quantity and oil drop spreading pattern(Neerkuri and Neikuri).These applied factors data are collected and taken up for the study.

2 AIM AND OBJECTIVE

2.1 AIM:

To determine the significant of siddha parameters **ENNVAGAI THERVU** in the diagnosis of kunmasoolai.

2.2 OBJECTIVE:

2.2.1 PRIMARY OBJECTIVE:

- To evaluate the ENNVAGAI THERVU in kunmasoolai.

2.2.2 SECONDARY OBJECTIVE:

- To document **neikuri** for Kunmasoolai
- To document **manikadai alavu** for Kunmasoolai

3 LITERATURE REVIEW

3.1 SIDDHA DIAGNOSTIC APPROACH

In Siddha, the physician's bimodal approach of clinical examination (disease diagnosis and patient diagnosis) is used to determine the root cause of the disease and to determine the treatment selection.

Diagnostic decision making in Siddha is a complex process. It includes interpretation through an intrinsic understanding of many factors involved in disease manifestation such as "body humors" (*Uyir thathu*), body tissues (*udal thathu*), excretory products, digestive power (*agni*).

Moreover, Siddha also takes into account pathogenic factors, season, and a patient's entire course of action (diet, drug, and regimen compatible with the constitution) for the expression of the disease.

3.1.1 Clinical examination in siddha:

Clinical examination in siddha includes three diagnostic methods

- Inspection (Poriyal arithal)
- Interrogation (Pulanal arithal)
- Palpation (Vinaathal)

The method for above diagnosis is done through **eight fold type of examination(Ennvagai thervu)** which include examination of tongue, colour, speech, eye, feaces, urine, pulse and touch.

Inspection involves observation of the body parts, for example, skin, hair, eyes, and tongue. Comprehensive understanding of medical history, symptoms, and psychological and physiological characteristics are covered during the interrogation. Palpation includes pulse

Inspecting Colour, texture, size, shape, contour of tongue, skin, and eyes gives vital clues in diagnosis.

Examination of pulse plays a vital role in identifying the activities of three humours in the individual body.

Neer kuri (study of urine) is also a special method used to diagnose the diseases.

Neikuri- A drop of gingely oil is left over a small bowl containing patient's urine. The spreading speed and shape of the oil is assessed to diagnose the disease.

Sage theraiyar states the diagnostic tool Ennvagai thervu as physician's weapon to be used while diagnosing diseases

Ennvagai thervu will act as windows in diagnosing diseases. This study focus on documenting the reliability of diagnosing the disease kunma soolai by ennvagai thervu.

Diagnosing the disease Kunma soolai by Ennvagai thervu is the primary objective of this study.

A detailed and comprehensive literature search on ennvagai thervu was done and documented. This literary analysis will helped as a primary source to learn, analyse and organise the diagnostic steps in a detailed manner.

3.2 ENNVAGAI THERVU- A SIDDHA DIAGNOSTIC APPROACH:

3.2.1 The eight fold examination tools as per various siddha classical literatures:

The diagnostic tools of ennvagai thervu slightly differs from Siddhar to Siddhar.

The most common and widely used one is

மெய்க்குறி நிறந்தொனி விழிநாவிருமலம் கைக்குறி

தேரையர்

- நோய் நாடல் நோய் முதல் நாடல் திரட்டு

பக்கம் எண்::305

As per Saint Theraiyar, the eight methods of diagnosis are nadi (pulse), Naa(tongue), Niram (color), Mozhi(voice), Vizhi (eyes), Malam (faeces) and Neer (urine), sparisam(touch).

“பாரீர்நாடி யறிந்து உணர்ந்து பரமன் செயலும் பிணிமுறையும்

நீரேயோடு மலசலமும் நிறமுங் குணமு முகக்குறியும்

சாரே இணங்குமல் மடவீர்காலன் மேகம் வயதிளமை

தேரேயறியுமுகநாடி நெறிகுறியுஞ் செறியுஞ் சொல்வோமே.”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

As per saint Agathiyar Nadi, Malam, Salam, Niram, Gunam, Muga kuri, Thegam, Vayadhu, Elamai are the diagnostic stools.

“தொகுக்கலுற்ற அட்டவித பரீட்சை தன்னை
துலக்கமுறும் பண்டிதரே தெளிவதாகப்
பகுக்கரிய நாடியை நீ பிடித்துப் பாரு
பகிர்கின்ற வார்தையைப்பார் நாவைப்பாரு
வகுக்கறிய தேகமதைத் தொட்டுப்பாரு
வளமான சரீரத்தின் நிறத்தைப்பாரு
சகிக்கரிய மலத்தைப்பார் சலத்தைப் பாரு
சார்ந்தவிழி தன்னைப்பார்த்துக் தெளிவாய்க் காணே.”

- கண்ணுசாமிப் பரம்பரை வைத்தியம்
பக்கம் எண்:1

According to literature Kannu saami paramparai vaithiyam Naadi, varthai, Naa, Thegam, Thodu unarvu, Niram, Malam, Salam, Vizhi are the diagnostic stools.

நாடியால் முன்னோர் சொன்ன நற்குறிகுணங்களாகும்
நீடிய விழியினாலும் நின்ற நாட்குறிப்பினாலும்
வாடிய மேனியாலும் மலமொடு நீரினாலும்
சூடிய வியாதி தன்னைச் சுகம் பெற வரிந்து சொல்லே.

- அகத்தியர்வைத்திய ரத்தினச் சுருக்கம்

According to literature Agathiyar vaithiya surukkam the diagnostic stools are Nadi, Vizhi, Kurigunam, Nalkurippu, Maeni, Malam, Neer.

“அட்டமாங்கிரிகடன்னை யறிந்து நீயுணர வேண்டில்
வட்டமாழுகங்கள்பல்லும் வயதில்நாக்குங்காயங்
கட்டருமலங்கள் கைதனில்நாடிதானுந்
திட்டமாயறிந்துசெய்யுந் திருமுள்ளவைத்தியராமே.”

- பரிபூரண நாடி

According to above literature the diagnostic stools are Mugam, Pal, Vai, Naakku, kaayam, Irumalam, Nadi.

“திருமறை முனிவன் கூறும் வாகடச் செய்கைதன்னில்
வருபல வியாதியான வகையறி குவதே தென்னில்
உருவுரு நாடி யாலு மொன்முக மலநீ ராலும்

தெரிவிழி நாவினாலுந் தந்தலக் கணத்தி னாலும்”

- தன்வந்திரி (ப. சி. நாடி சாஸ்திரம்)

According to Literature Thanvantri vaithiyam the diagnostic stools are Nadi, Mugam, malam, Neer, Udal, Vizhi, Naa, Pal.

“தரணியுள்ள வியாதி தனையஷ்டாங் கத்தால்

தானறிய வேண்டுமது ஏதெனில்

திரணியதோர் நாடிகண்கள் சத்தத்தோடு

தேகத்தின துபரிசம் வானம் நாக்கு

இரணமலம் இவைகளெட்டும் இதம்படவே

தான்பார்த்துக் குறிப்புங் கண்டு

பரனருளால் பெரியோர்கட்பாதம் போற்றிப்

பண்புதவறாமற் பண்டிதஞ் செய்வீரே.”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

According to the above literature the diagnostic stools are Nadi, Kan, Satham, Thegam, Parisam, Naa, Irumalam.

3.2.2 Naa (Tongue):

“பலமான ருசியறியும் நாவின் கூற்றைப்

பகிர்கின்றேன் வாதரோகி யின்றன் நாவு

கலமாக வெடித்து கறுத்திருக்கு முட்போல்

கண்டு கொள்வாய் பித்தரோகியின்றன் நாவு

நலமுற சிவந்து பச்சென்றிருக்கும் நட்பிலா

சிலேத்துமரோகி யின்றன் நாவு

தலமதனிலுற்றமுதி யோர்கள் சொன்ன

தன்மைபடி தடித்து வெளுத்திருக்கும்பாரே.”

- கண்ணுசாமி பரம்பரை வைத்தியம்

பக்கம் எண்:5

“சேத்துமமெழுந்தபோதுதித்திப்பாநாவிற்றோன்றும்

நேத்தியேகசப்புமீறிலிசைந்தது பித்தமாகும்

ஏந்தியுளிப்புமீறிலெழுந்த துவாத மென்ன

பார்த்துநீயதனையெல்லாம் பாங்காகவறிந்துசெய்யே.”

- அகத்தியர் வைத்திய ரத்தின சுருக்கம்

In Vali derangement, tongue will be cold, rough, furrowed and pungent taste. In Azhal, it will be red or yellow and kaipu taste will be present. In Iyyam, it will be pale, sticky and sweet taste will be present. In depletion of thontham, tongue will be dark, with the papillae raised and dry.

3.2.3 Niram:

“முன்றாகும் வாதபித்த சிலேத்து மத்தால்
மிகுந்தமுறத் தொந்தித்த ரோகி தேகம்
தோன்றாத சீதய வுஷ்ணங் காலமுன்றுந்
தொகுத்தேன்யான் திரேகத்தி னிறத்தைக் கேளு
ஊன்றாத வாதஉடல் கறுத்துக் காணும்
ஊரியபித்த முடல் சிவப்புப் பசுமைகாணும்
போன்றாத வையவுடல் வெண்மை தோன்றும்
பொருந்துந்தொந்த ரோகவுடற் கிவற்றை யொக்கும்”

- கண்ணுசாமி பரம்பரை வைத்தியம்

- பக்கம் எண்:6

“பனைவாத தேகநிறங் கறுத்து நிற்கும்
பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே
தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்
தொந்தேகம் இந்நால் விதமாய்நிற்கும்.”

- தன்வந்திரி (நாடி சாஸ்திரம்)

InVali,Azhal and Iyyam vitiations, the colour of the body will be Black, Yellow or red and White colourrespectively.

3.2.4 Mozhi:

“பார்ப்பது தான் வாதரோகி யின்றன் வார்த்தை
பக்குவமாய் சமசத்த மாயிருக்கும்
சேர்ப்பதுதான் பித்தரோகியின்றன் வார்த்தை
செப்பக்கேள் பெலத்துமே யுறுத்திருக்கும்
ஏற்பதுதான் ஐயரோகி யின்றன் வார்த்தை
யெளிதாகச் சிறுத்திருக்குமியல்பிதாகும்

கேசற்கவே யிம்மூன்றுந் தொந்தமாகில்
கூசாமற் பலவிதமாய் பேசுவாரே.”

- கண்ணுசாமி பரம்பரை வைத்தியம்

- பக்கம் எண்:5

“மாமயிலே சத்தமது அறியவேண்டில்
வாதரோகசம தொனியாய் வார்த்தை பேசும்
ஈமமுள்ள பித்தந்தான் இறைந்து கூறும்
இயம்பிடும் சிலேட்டும ரோகிக்கீனசத்தம்
நாமுறைத்தோம் தொந்த ரோகிக்குத் தானிந்த
நால்விதமாய் மொழிந்த சத்தம் நயந்து காணே.”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

In vitation of vali, Azhal and Iyyam the voice will be Medium, heavy and lower respectively. By the voice, the strength of the body can also be accessed.

3.2.5 Vizhi:

உண்மையாய்க் கண்கள்குறிப் பதைக்கேள் வாதம்
உற்றவிளழி கறுத்துநொந்து நீருங் காணும்
தன்மையிலோப் பித்தரோகி யின்றன் கண்கள்
சார்பாகப் பசுமைசிவப் பேறுங் காணும்
வன்மையிலா வையரோகி விழிகள் தானும்
வளமான வெண்மைநிற மேதா னாகும்
திண்மையிலா தொந்தரோகி யின்றன் கண்கள்
தீட்டுவாய் பலநிறமென் றறைய லாமே.

- கண்ணுசாமி பரம்பரை வைத்தியம்

- பக்கம் எண்:7

“காணுகின்ற வாதரோகிக்கு கண்கள்
கருநிறமாய் நொந்துமிகத் தண்ணீர்பாயும்
பூணுகின்ற பித்தரோகிகடி மஞ்சள் போலிருக்கும்
சிவப்பு நிறப்பொலிவு தோன்றும்.”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

In vali disease the tears are black colour, in Azhal disease they are yellow, in Iyya disease they are whitish in colour and in thontha disease the tears are multi-colour. In vali disease the tearing will be increasingly present. In disturbance of all three humors, eyes will be inflamed and red.

3.2.6 Malam:

“ஒக்குமே வாதநோய் மலத்தைப் பார்க்கில்
உகந்தமலம் கறுகியே கறுத்து ருக்கும்
மிக்கபித்த நோய்மலத்தை யுற்றுப் பார்க்கில்
மிகுந்தசிவப் புடன்பசுமை தானுந் தோற்றம்
மைக்குவளை மாணேகே னைய ரோகம்
மலமதுதான் வெண்மைநிற மாயிருக்கும்
பக்குவமா யிம்முன்றும் தொந்திப் பாகில்
பகருமின் னிறங்கள்வகை பரிந்து காணும்.”

- கண்ணுசாமி பரம்பரை வைத்தியம்

- பக்கம் எண்:8

“மேவும் வாத முடையவர் மெய்மலஞ்
சிவீதாகக் கருகிடுஞ் செம்மியே
பாவையே பித்தத் தோர்மலம் பார்த்திடி
லாவிய யெழு மன்னிற மஞ்சளே.”

- தன்வந்திரி பதினெண் சித்தர் நாடி சாஸ்திரம்

Faeces is hard, dry and black in colour- Vatham

Yellow- Pitham

Plae- Kabam

3.2.7 Moothiram:

3.2.7.1 Neerkuri:

“ஓங்கிய வாதத்தோர்க்கு நீர்விழுங் குணந்தா னுரைக்கிற்
பூங்கொடி கறுத்துநொந்து சிறுத்துடன் பொருமி வீழும்
பாங்குடன் பித்தத்தோர்க்கும் பசியநீர் சிவந்து காட்டி
ஏங்கவே கறுக்கதாக எரித்துடன் கடுத்து வீழும்.

வீழுமே சிலேற்பனந்தோர் நீர்க்குணம் விளம்பக் கேளாய்
நாளுமே வெளுத்துறைந்து நலம்பெற வீழுங் கண்டாய்
வாள்விழி மானேதொந்த ரோகமா னிடர்க்குத் தானே
தாளுநீர் பலநிறத்தா னென்னவே சாற்றி னோமே.”

- கண்ணுசாமி பரம்பரை வைத்தியம்

- பக்கம் எண்:7

Neer is urine and kuri is signs and symptoms. Theraiyar, one of the authors of Siddha medicine who wrote on urine examination and stages of health. He explains the colour and consistency of the urine in different humuor and disease. He also describes the spreading of a single drop of oil on the surface of the urine indicates imbalance of specific dosha and prognosis of disease. Normal urine is thin straw colour and odourless. The time of day and meals eaten will affect the colour of theurine.

Colour of urine

- **Yellow colour-** similar to straw soaked water *-indigestion*
- Lemon colour – good digestion
- Reddish yellow - heat inbody
- Colour similar to forest red or flame coloured - extremeheat

3.2.7.2 Neikuri:

“அருந்து மாறிரதமு அவிரோதம் தாய்
அ.கல் அலர்தல் அகால ஆண்தவிர்ந்தழற்
குற்றள வருந்தி உறங்கி வைகறை
ஆடிகலசத் தாவியை காதுபெய்
தொரு முகூர்த்தம் கலைக்கு ட்படுநீரின்
நீர்க்குறி நெய்க்குறி நிரூபித்தல் கடனை.
அரவென நீண்டின.தே வாதம்
ஆழிபோல் பரவின் அ.தை பித்தம்
முத்தொத்து நிற்கின் தொழிவதன் கபமே.”

-அகத்தியர் வைத்திய இரத்தினச் சுருக்கம்

The oil spreading nature indicates the Vali, Azhal and Iyya disease e.g

1. Aravu (Snake Patern of spread) indicates Vali disease
2. Mothiram (Ring Patern of spread) indicates Azhal disease
3. Muthu (Pearl Patern of spread) indicates Iyya disease

In Nei kuri, the fastly spread, muthu and salladai kan type of spreading nature shows the Asaathiyam(incurable) state of the disease. So the prognosis can also be assessed by the Nei Kuri.

3.2.8 Sparisam:

“நேயமுடன் வாதத்தின் தேகந்தானும்
 நேர்மையாய்க் குளிர்ந்து சில விடத்திலே தான்
 மாயமுட னுட்டணமுந் துடிதுடிப்பு
 மருவுதலாம் பித்தத்தின் தேகந் தானும்
 தோயவே வுட்ணமதா யிருக்குந் தெளிவாய்
 சேத்துமத்தின் தேகமது குளிர்ந்திருக்கும்
 பாய தொந்த தேகமது பலவாறாகும்
 பரிந்து தொட்டுத் தேகத்தைப் பார்த்துப் பேசே.”

- கண்ணுசாமி பரம்பரை வைத்தியம்

- பக்கம் எண்:6

“முனைகின்ற தேகபரிசத்தை பார்க்கில்
 முன்வாதத் தேகிக்குச் சக்ரஞ்சற்றே
 அனைகின்ற உட்சணமாம் பைத்திய தேகிக்
 கதிகமுண்டாம் அப்பால் சீதளமாய் நிற்கும்
 சுனைகின்ற லேட்டு மந்தான் சூழ்தேகிக்கு
 தொந்த குணம்நால்விதமாம் நிறந்தான் கூறில்

- தன்வந்திரி (பதினெண் சித்தர் நாடி சாஸ்திரம்)

In Vali disease some of the body areas are chill and in some areas they are hot. In Azhal disease heatness can be felt. In Iyya disease chillness can be felt. In Thontham disease different sense will be felt.

3.3 ELUCIDATING THE DISEASE KUNMA SOOLAI:

Kunmasoolai is a specific type of disease with pricking pain in the abdomen with many other symptoms like constipation, flatulence, body pain. It is classified under SoolaiNoi.

As per Siddhar *Yugimuni* '*Soolai*' is defined as the severe pricking pain present in the Ribs, stomach, hip and back of the body.

Kunmam:

According to siddha literatures '**KUNMAM**' is a specific type of disease which dysfunctions the physical and mental condition of the body(உடலையும் மனதையும் குன்ற செய்யும் நோய்- குன்மம்).

Soolai:

In general, Soolai can be defined as pricking or piercing pain that may occur in any part of the body. It is named according to the part of the body it arises.

3.3.1 Definition of Kunmasoolai according to other classical siddha literatures:

3.3.1.1 According to Literature T.V.Sdictionary:

As per the T.V.S literature, kunmasoolai and SoolaiKunmam are same and both are mentioned as a kind of dyspepsia

1. Kunmasoolai (குன்ம சூலை):

Colicky pain in the abdomen experienced in cases of dyspepsia

A kind of dyspepsia marked by its supervening symptoms via colicky pain in the upper part of the abdomen, burning sensation, water-brash, belching, salivation, a kind of digging and piercing pain resembling that arising from the piercing of a dart, numbness stiffness of the limbsetc.

2. Soolai Kunmam(சூலை குன்மம்):

A form of dyspepsia arising from the abnormal heat of the bilious system. It is attended, swelling rumbling noises of the storm in the evening, low fever etc.

3.3.2 Etiology of the disease:

‘அங்கத்திலெண்ணெய் தேய்த்து முழுகும்நா ளரிவைசேரிற்

சங்கத்திற் சுக்கிலத்தைத் தம்பிக்கிற் றுலைநடந்த

பங்கத்திற் பசியிற்கட்க பதார்த்தத்தில் மிகும்புளிப்பில்

வங்கத்தியாச தோஷத்தில் வந்திருஞ் சூலை”

‘அந்தணர் கற்புமாத ரருளிய சாபத்தாலு

முந்திய வினையினாலு முதிரி கர்ப்பமேகத்தாலுஞ்

சிந்தையிற் கொடுமையாலுந் சிவகுரு நிந்தையாலும்

தொந்தமாம் வியாதியாலும் தோன்றிடுஞ் சூலைதானே”

-தேரையர் வாகடம்- பக்கம்333

- Intercourse after oil bath
- Semen arrest
- Excessive intake of Sour and Astringent diets
- Karma, the result of deeds in past birth •
- Venereal diseases
- Disrespect to Guru

3.3.3 Classification of Kunman and Soolai:

As per Siddhar *Yugimuni*, Kunmam is classified into 8 types. As the name implies Kunma soolai is not mentioned under kunmam classifications, but mentioned under the classification of soolai noi may be due to refer the severity of pricking pain. (Soolai- Pricking pain)

Classification:

The types of Soolai is named differently by many Siddhars. They are as follows,

3.3.3.1 **Yugimuni’s view in Yugi vaithiya Sinthamani 800:**

Yugimuni classified the Soolai in to fifteen types.

They are

1. Mega Soolai
2. Muri Soolai
3. Vatha Soolai
4. Pitha Soolai
5. Iyya Soolai
6. Aamma Soolai
7. Kunma soolai
8. **Kunma Soolai**
9. Ularthu Soolai
10. Nithamba Soolai
11. Karai Soolai
12. Sura Soolai
13. Pakka Soolai
14. Karppa Soolai
15. Dhoora soolai

Theerum and Elithil Theerathavai:

Theerum Soolai:

1. Dhoora soolai
2. Mega Soolai
3. Vatha Soolai
4. Pitha Soolai
5. Ularthu Soolai
6. Karai Soolai
7. Sura Soolai
8. Pakka Soolai

9. Karppa Soolai

Elithil Theeratha Soolai:

1. Muri Soolai

2. Iyya Soolai

3. Aamma Soolai

4. Kunma soolai

5. Kunma Soolai

6. Nithamba Soolai

Kunma soolai is classified under Elithil theeratha soolai (Disease that will not be easily cured)

3.3.3.2 Classification of Soolai according to Thirumoolar:

The Thirumoolar classified the Soolai into six types and these are further subdivided into eighteen types.

They are as follows,

‘ஆறுவகைச் சூலையில் அறுமுன்று பேர்சொல்வார்
வேறு மிதையேல் வெவ்வேறு மொன்றுமில்லை
கூறும் இதன்நாமம் கோடி குணஞ்சொல்வார்
பேறு மறுசூலைப் பேர்சொன்னார் நந்தியே’

-திருமூலர் குணவாகடம்- பக்கம்-32

1. Vatha Soolai

2. Pitha Soolai.

3. Kapha Sool

4. Vatha pitha Soolai

5. Iyya pitha Soola

6. Iyya vatha Soolai

3.3.3.3 Classification according to Anuboga vaithiya deva ragasiyam:

The Soolai is classified of seven types.

They are

1. Vatha Soolai
2. Pitha Soolai
3. Kapha Soolai
4. Thiri Soolai
5. Aamma Soolai
6. Surkkara Soolai
7. **Kunma Soolai**

The disease Kunma Soolai is mentioned by Saint Yugi and anuboga vaithiya deva ragasiyam

3.3.4 Symptoms of Kunma soolai

3.3.4.1 According to Yugi Vaithiya Chinthamani:

தள்ளுகுன்மச் சூலைதனைச் சொல்லக் கேளாய்
தளருமல மூத்திரந்தான் சிக்கலாகி
வள்ளுவயிற் பொருமிசத்தி யிரைச்சல் மூர்ச்சை
வலிதெரித்துச் சூலைபோல் வயிற்றிற் றோன்றி
தெள்ளுவாய் நீருதத் தெப்பமுண்டாய்
சிறுத்துமே யூணுமெத்த வெதும்ப லாகி
அள்ளுமே யங்கமெல்லா மழற்சி யாகும்
அதிகமா யுடலூர்ந்தருசி யாமே

-யுகி வைத்திய சிந்தாமணி-234

மலச்சிக்கல்	Constipation
மூத்திர சிக்கல்	Retention of urine
வயிறு பொருமல்	Rumbling in the abdomen, Gargling sound
சத்தி	Vomit

இரைச்சல்	Rumbling in the abdomen, Gargling sound
வாய்நீர் ஊறல்	Fatigue
ஏப்பம்	Increased Salivation
சிறுத்துமே ஊண்	Belching
மெத்த வெதும்பலாகி	Reduced intake of food
அங்கமெல்லாம் அழற்சி	Heat of the body
அதிகமாய் உடல் உலர்தல்	Dryness of the body
அருசி	Altered taste / Tastelessness

The symptoms of Kunma soolai according to Yugi Vaithiya Chinthamani was taken as reference text of this study

3.3.4.2 According to literature Yugi vaithiyakaaviyam:

According to this literature the symptoms of kunmasoolai and Soolaikunmam are same. The two poems symptoms and lines are same with very mild differences and they are placed under the kunmam and Soolaidisease.

- குன்மகூலையின் குணம்

மேல்வயிறதனில்வந்த மிடிபடளித்தழற்றிச்

சால்வாய்நீரும்ஊறித் தருக்கிடாதேப்பம்வுண்டாய்

சீலமாய்க்குளிரேமீண்டு திரேகமும்வெதுப்புமுண்டாய்

கோலமாம்முநிவர்சொன்னார் குன்மமாம்கூலைதானே

- பாடல் 325 யுகி வைத்திய காவியம்

As per the above poem, the kunmasoolai has pricking pain with burning sensation in the upper abdomen, increase salivation, belching, and chillness of body and then warmth ness of body

- **சூலைகுன்மத்தின் குணம்**

மேள்வயிறதிலேவந்து மிகப்படவலித்தெரித்து

சாலவேவாய்நீர்ஊறித் தரிசத்திடாதேப்பம் உண்டாய்

சீலமாங்குளிர்ஏழும்பிச் சிறுகவுள்வெதும்பும்என்ன

கோலமாங்குழலினாளே சூலைகுன்மம்என்னலாமே

- பாடல் 380 யுகி வைத்திய காவியம்

As per the above poem, Soolaikunmam has pricking pain with burning sensation in the upper abdomen, increase salivation, vomiting, belching, and chillness of the body followed by warmth. As per this literature these both diseases kunmasoolai and Soolaikunmam are same.

3.3.4.3 According to Aathmaratchamirtham (uyir kakkum Siddhamaruthuvam)

The signs and symptoms of kunmasoolai are asfollows.

- Upper abdominal pain with burningsensation
- Increased salivasecretion
- Belching
- Mild warmth
- Shivering
- Pain in thejoints

Here kunmasoolai have the maximum same symptoms of literature like Yugi vaithiya sinthamani, the difference is, the pain is indicated particularly to the epigastric region and classified in the kunmamdisease.

4. தன்வந்திரி வைத்தியம்:

திரணும் வாயுக் குலைமீது சிக்கு மலமுமுடம்பங்கு
முருளுங்குத்து மதரத்துள் ருலையுங் கருவி முணைபோலப்
புரளும் வலியு மாறாது பொருமுமேப்பம் புலால் நாளும்
வரரு முடம்பு சூலை குன்மம் கடவேல் விழியின் மடமானே

- தன்வந்திரி வைத்தியம்:

According to the above literature kunmasoolai is mentioned as Soolaikunmam. The vayu gets in the ribs and produce constipation, sever body pain, pricking pain in the abdomen, flatulence, belching, meat odour, dryness of the body.

3.3.5 Humoural Cause for Kunma soolai:

3.3.5.1 According to theran segarappa:

நெடுவாத சார்பதுவுமின்றி சூலை வராது
தொடர் வாதபந்தமலாது குன்மம் வராது

-தேரன் சேகரப்பா

Siddhar theraiyar stated that deranged **Vatham** is the cause for the disease Kunma soolai and also the disease Kunam soolai is mentioned under 80 types of **Vatha disease** classification stated by **saint Yugi**.

The vitiation of vatham may be due to irregular food habits, physical and mental activities etc.

As a result of vitiation of vatham important vayus like Piranan, Uthanan, Abanan, Viyanan and Samanan are vitiated. The vitiation of the above vayus may result in the symptoms as per the literature Yugi vaithiya sinthamani -700

3.3.5.2 According to Gurunadi Nool:

‘சூலை வரும்வாறதனைச் சொல்லக் கேண்மோ
சுற்றியதோர் விசைநரம்பில் வேவுகண்டு
காலையுமே யூடுருவித் தமர்தான் விம்மிக்
களிப்பதுபோல் மாசுபற்ற யிரத்தம் வற்றி
மாலையது போல்தொடுத்து நரம்பின் மீதே
வகையான விசைநரம்பை மடக்கிக் கொள்ளும்

கோலைவிட்ட குருடரைப்போல் திட்டமிந்து
குடிக்கெடுக்குஞ் சூலையது குறிகண்டிரே”

- குருநாடி நூல்- பக்கம்-235

Vatham ,one among the three vital force is disturbed and penetrates through the nerves and affects the Senneer thathu (Blood) resulting in deterioration of blood and produces stress in the body. The Soolai settles in the body as a blind man without stick and destroys the body and life

3.3.5.3 According to Agathiyar in Gunavagada thirattu:

‘திருத்தமாய் வாதத் தோடே
தீங்கொடு பித்தஞ் சேரில்
பொருத்துகள் தோறும் நொந்து
போதவே பிடிக்குஞ் சூலை
பொருந்திடா வாயு கொள்ளும்
பேசிய வாறே நோகும்
கருத்தினால் அறிந்து நன்றாய்
கண்டிடாய் மனிதர்க் கெல்லாம்”

- அகத்தியர் குணவாகடம்- பக்கம்-26

The above literature describes that the **derangement of Vatham** along with Pitham will cause pain in all the joints and this condition is indicated as Soolai.

3.3.5.4 According to Sathaga Naadi:

‘சிறப்பான பித்தத்தில் வாதநாடி....
உறைப்பாகச் செரியாமை குன்மஞ் சூலை”

According to the above siddha classical literatures, the disease Kunma soolai occurs majorly due to the derangement of Vatham along with the derangement of pitham

3.3.6 Siddha physiology:

அன்னமய கோசம்:

பௌதீக உடல் அன்னத்திலிருந்து தோன்றி, அன்னத்திலே வளர்ந்து, அன்னத்தின் மூலமாகிய மண்ணில் சிதைந்து அழிவதால் அன்னமய கோசம் எனப்படும்.

தூல சரீரத்திற்கு போர்வைப் போல் இருப்பது அன்னமய கோசம் ஆகும்.

உண்ணும் உணவுப் பொருள்கள் வாத, பித்த, கபப் பொருள்களாகப் பிரிக்கப்பட்டு செரிமானம் அடைந்து உடலை வளர்க்கின்றன.

செரிமானத்தில் முத்தோடத்தின் பங்கு:

நாம் உண்ணும் உணவை முக்குணங்களில் ஒன்றான பித்தம் கனிந்து பக்குவப்படுத்துகிறது. முதலாவதாக இனிப்பு சத்துகள் பக்குவப்படுத்தப்படுகின்றன. அப்போது கபம் உண்டாகிறது. இதுவே செரிமானத்தின் முதற்பகுதியாகும். எஞ்சிய உணவு ரசம் பக்குவாசயத்திற்குச் செல்லும் வழியில் இரண்டாவதாக செரிமானம் ஆகிறது. இப்போது புளிப்புச் சத்துள்ளவைகள் பக்குவப்படுத்தப்படுகின்றன. அச்சமயம் பித்தம் உண்டாகிறது. மிஞ்சியவை பக்குவாசயத்திற்குச் செல்கின்றன. அங்கு மூன்றாவது செரிமானம் ஆகிறது. இப்போது, காரசாரமான சத்துள்ளவைகள் பக்குவப்படுத்தப்படுகின்றன. அப்போது வாதம் உண்டாகிறது. இவ்வாறு செரிமானத்தில் முத்தோடங்கள் பங்குவகிக்கின்றன. பின்னர், ஏழு உடற்கட்டுகள் மூலம் உணவு உடலில் தங்கி உயிரை வளர்க்கின்றது.

வாதத்தில் - சமானன்

பித்தத்தில் - அனலகம்

கபத்தில் - அவலம்பகம்

இதில் முக்கிய பங்கு வகிக்கின்றன.

உண் உணவு செரிமானம் அடையும் போது 4 பிரிவுகளாகப் பிரிக்கப்படுகிறது.

1. சமாக்கினி
2. விஷமாக்கினி
3. தீஷணாக்கினி
4. மந்தாக்கினி

உடல் தீ	அதன் பண்பு
சமாக்கினி	சமான வாயு தன் இயற்கை இடத்தில் இருப்புத
விஷமாக்கினி	சமான வாயு தன் இயற்கை இடத்தில் இருந்து இடந்தப்புதல்
தீஷணாக்கினி	சமான வாயு பித்தத்தை சூழ்தல்
மந்தாக்கினி	சமான வாயு பித்தத்தை சூழ்தல்

சமாக்கினி:

ஒருவன் வேண்டும் அளவு உட்கொள்கின்ற உணவு நீர்களை எல்லாம் முறைப்படி கால அளவிற்கு மாறுபடாமல் நன்றாக சீரணிக்கச் செய்யும் தீ.

விஷமாக்கினி:

உண்ட உணவு உடனே சீரணிக்காமல், நெடுநேரம் கழித்து செரிப்பிக்கும்.

அப்படிச் செரிப்பித்தாலும் அவைகள் விஷமச் சீரணமாகும்

தீஷணாக்கினி:

வெந்தும் வேகாததுமான உணவுப் பொருளைப் புசித்தாலும். அதனை இரசத்தோடும் கூடவே செரிப்பிக்கும்.

மந்தாக்கினி:

விருப்பத்தோடு உண்ட பாகமான உணவுப் பொருள்கள், உடனே செரிப்பிக்காமல் வாயுவால் வயிற்றிரைச்சல், குடலிரைச்சல், வயிற்றுப்பிசம், உடல் கனத்தல் என்னும் இவற்றையுண்டாக்கி நெடு நேரத்திற்கு பின் செரிப்பிக்கும்.

இதன் அடிப்படையில் முத்தோடத்தில் பாதிப்புத் தோன்றும் போது செரிமான கோளாறு ஏற்பட்டு குன்ம நோய் தோன்றலாம்

3.3.7 DIFFERENTIAL DIAGNOSIS OF THE DISEASE KUNMA SOOLAI:**3.3.7.1 Iyya kunmam**

Though the patient had emaciation, giddiness, dryness of the skin, loss of strength, loss of appetite and anorexia, due to absence of decreased salivation, mental confusion, paloriness of skin, dry cough, Sudden Shivering and heaviness of head, it is differentiated from Iyya kunmam.

3.3.7.2 Saththi kunmam.

Though the patient had indigestion, burning sensation, giddiness, vomiting, flatulence, tiredness, constipation, increased heat in the body, inability to walk, loss of taste and due to absence of protruded small nerves and numbness and also due to presences of severe pain in the abdomen, it is differentiated from sakthi kunmam.

3.3.7.3 Vatham kunmam

Though the patient had abdominal bloating, dryness of the skin, flatulence, Loss of appetite, pain all over the body, due to absence of mental confusion, disturbed sleep,

throbbing pain in the hypochondrium, pain in the back and hip, high fever, false appetite and due to presence of severe pricking pain in the abdomen, it will be differentiated from Vatha kunmam

3.3.7.4 Aama soolai

Though the patient had indigestion, increased intake of water, increased intake of pungent and better taste foods and starvation, the severe pricking pain in the stomach, due to absence of pricking pain in ribs, it will be differentiated from Aama soolai

3.3.7.5 Kunma Peruvayiru

Though the patient had indigestion, severe pain in the abdomen, vomiting, due to absence of diarrhea, swelling and hardness in the ribs, hip and stomach, it will be differentiated from Kunma peruvayiru

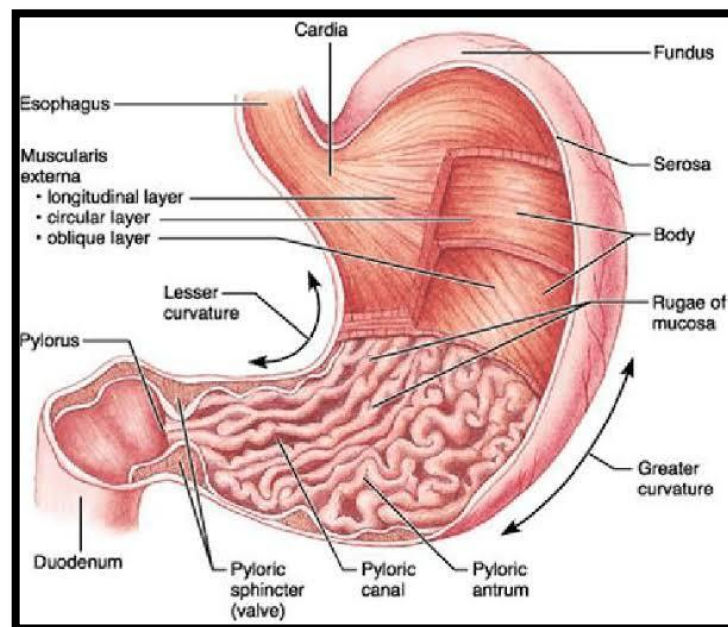
3.4 MODERN ANATOMY

The stomach, is an intraperitoneal digestive organ located between the oesophagus and the duodenum.

It has a 'J' shape, and features a lesser and greater curvature. The anterior and posterior surfaces are smoothly rounded with a peritoneal covering.

Anatomical Position

The stomach lies within the superior aspect of the abdomen. It primarily lies in the epigastric and umbilical regions, however, the exact size, shape and position of the stomach can vary from person to person and with position and respiration.



3.4.1 Anatomical Structure

- **Cardia** – surrounds the superior opening of the stomach at the T11 level.
- **Fundus** – the rounded, often gas filled portion superior to and left of the cardia.
- **Body** – the large central portion inferior to the fundus.
- **Pylorus** – This area connects the stomach to the duodenum. It is divided into the pyloric antrum, pyloric canal and pyloric sphincter. The pyloric sphincter demarcates the transpyloric plane at the level of L1.

- Greater and Lesser Curvatures

Greater curvature – forms the long, convex, lateral border of the stomach. Arising at the cardiac notch, it arches backwards and passes inferiorly to the left. It curves to the right as it continues medially to reach the pyloric antrum. The short gastric arteries and the right and left gastro-omental arteries supply branches to the greater curvature.

Lesser curvature – forms the shorter, concave, medial surface of the stomach. The most inferior part of the lesser curvature, the angular notch, indicates the junction of the body and pyloric region. The lesser curvature gives attachment to the hepatogastric ligament and is supplied by the left gastric artery and right gastric branch of the hepatic artery.

3.4.2 Anatomical Relations

The anatomical relations of the stomach are given in the table below:

Superior: Oesophagus and left dome of the diaphragm

Anterior: Diaphragm, greater omentum, anterior abdominal wall, left lobe of liver, gall bladder

Posterior: Lesser sac, pancreas, left kidney, left adrenal gland, spleen, splenic artery, transverse mesocolon

3.4.3 Sphincters of the Stomach

There are two sphincters of the stomach, located at each orifice. They control the passage of material entering and exiting the stomach.

Inferior Oesophageal Sphincter

The oesophagus passes through the diaphragm through the oesophageal hiatus at the level of T10. It descends a short distance to the inferior oesophageal sphincter at the T11 level which marks the transition point between the oesophagus and stomach (in contrast to the superior oesophageal sphincter, located in the pharynx). It allows food to pass through the cardiac orifice and into the stomach and is not under voluntary control.

Pyloric Sphincter

The pyloric sphincter lies between the pylorus and the first part of the duodenum. It controls the exit of chyme (food and gastric acid mixture) from the stomach.

In contrast to the inferior oesophageal sphincter, this is an anatomical sphincter. It contains smooth muscle, which constricts to limit the discharge of stomach contents through the orifice.

Emptying of the stomach occurs intermittently when intragastric pressure overcomes the resistance of the pylorus. The pylorus is normally contracted so that the orifice is small and food can stay in the stomach for a suitable period. Gastric peristalsis pushes the chyme through the pyloric canal into the duodenum for further digestion.

Greater and Lesser Omenta

Within the abdominal cavity, a double layered membrane called the peritoneum supports most of the abdominal viscera and assists with their attachment to the abdominal wall.

The greater and lesser omenta are two structures that consist of peritoneum folded over itself (two layers of peritoneum – four membrane layers). Both omenta attach to the stomach, and are useful anatomical landmarks:

Greater omentum – hangs down from the greater curvature of the stomach and folds back upon itself where it attaches to the transverse colon. It contains many lymph nodes and may adhere to inflamed areas, therefore playing a key role in gastrointestinal immunity and minimising the spread of intraperitoneal infections.

Lesser omentum – continuous with peritoneal layers of the stomach and duodenum, this smaller peritoneal fold arises at the lesser curvature and ascends to attach to the liver. The main function of the lesser omentum is to attach the stomach and duodenum to the liver.

Together, the greater and lesser omenta divide the abdominal cavity into two; the greater and lesser sac. The stomach lies immediately anterior to the lesser sac. The greater and lesser sacs communicate via the epiploic foramen, a hole in the lesser omentum.

3.4.4 Vascular Supply:

The arterial supply to the stomach comes from the celiac trunk and its branches. Anastomoses form along the lesser curvature by the right and left gastric arteries and along the greater curvature by the right and left gastro-omental arteries:

Right gastric – branch of the common hepatic artery, which arises from the coeliac trunk.

Left gastric – arises directly from the coeliac trunk.

Right gastro-omental – terminal branch of the gastroduodenal artery, which arises from the common hepatic artery.

Left gastro-omental – branch of the splenic artery, which arises from the coeliac trunk.

The veins of the stomach run parallel to the arteries. The right and left gastric veins drain into the hepatic portal vein. The short gastric vein, left and right gastro-omental veins ultimately drain into the superior mesenteric vein.

3.4.5 Neuro Innervation

The stomach receives innervation from the autonomic nervous system:

Parasympathetic nerve supply arises from the anterior and posterior vagal trunks, derived from the vagus nerve.

Sympathetic nerve supply arises from the T6-T9 spinal cord segments and passes to the coeliac plexus via the greater splanchnic nerve. It also carries some pain transmitting fibres.

3.4.6 Lymphatics

The gastric lymphatic vessels travel with the arteries along the greater and lesser curvatures of the stomach. Lymph fluid drains into the gastric and gastro-omental lymph nodes found at the curvatures.

Efferent lymphatic vessels from these nodes connect to the coeliac lymph nodes, located on the posterior abdominal wall.

3.5 OTHER SIDDHA PARAMETERS USED IN THE ANALYSIS OF THE STUDY:

3.5.1 Uyir thathukkal:

The function of the three uyir thathus:

- a) Vatham or Vatham – (Kattru + Veli)**
- b) Pitham or Pitham – (Thee)**
- c) Kabam or Iyyam – (Neer+Mann)**

The alteration of three thathu in their reaction to extrinsic or intrinsic factors results in disharmony. This altered harmony and balance variation of the three thathus results in disease. Their natural ratio (1 :½:¼) to each other is discerned by the physician at the wrist and each nadi is individually assessed for its strength, speed and regularity and also the nature of Uyir thathus can be diagnosed by other measures of eight fold examinations.

3.5.1.1 Vatham:

Vatham derives from the elements of Space and Air and translates as “wind” or “that which moves things.” It is the energy of movement and the force governing all biological activity. Vata is often called the “King of the Doshas,” since it governs the body’s greater life force and gives motion to Pitta and Kapha

Functions of vatham:

‘ஓழுங்குடள் தாதேழ்முச் சோங்கி இயங்க
எழுச்சிபெற எப்பணியும் ஆற்ற - எழுந்கிரிய
வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு
வாகளிக்கும் மாந்தர்க்கு வாயு’

- மருத்துவ தனிப்பாடல் பக்கம் 12 22

According to the physiological function, **vatham is of ten types.**

1. Piranan(Uyir Kaal)

Responsible for respiration and it is necessary for proper digestion

2. Abanan(Kizhnokkumkaal)

Responsible for all downward forces such as **voiding of urine, stools**, semen, menstrual flow

3. Viyanan(paravukaal)

Dwells in the skin and is **concerned with the sense of touch**... extension and flexion of the parts of the body and distribution, of the nutrients to various parts of the body

4. Uthanan (melnokkukaal)

Responsible for all kinds of **upward motion such as nausea, vomiting** etc

5. Samanan(nadukkaal)

Considered essential for **proper digestion**, assimilation and carries the digested nutrients to each and every organ

6. Nagan

Helps in opening & closing of eyelids

7. Koorman

Responsible for vision, lacrimation and yawning

8. Kirugaran

Induces **appetite**, salivation, all secretions in the body including nasal secretion and sneezing

9. Devathathan

Induces and stimulates a person to become alert, get anger, to quarrel, to **sleep** etc

10. Dhananjeyan

Resides in the cranium and produces bloating of the body after death. This leaves from the body after 3 days of death, forming a way through the skull.

In this, Abanan, Viyanan, Uthanan, Samanan, Kirugaran and Devathathan were directly associated with the disease Kunma soolai

3.5.1.2 Pitham:

Pitta derives from the elements of Fire. It is the energy of digestion and metabolism in the body that functions through carrier substances such as organic acids, hormones, enzymes, and bile.

Funtions of Pitham:

‘பசிதாகம் ஓங்கொளிகண் பார்வைபண் டத்து
ருசிதெரி சத்தி வெம்மை வீரம் - உசித
மதிகூர்த்த புத்திவனப் பளித்துக் காக்கும்
அதிகாரி யாங்கா னழல்”

- மருத்துவ தனிப்பாடல் பக்கம்16

Pitham is functionally divided in to five types.

They are

1. Anarpitham

Peps up the **appetite and aids in digestion.**

2. Ranjagapitham

Responsible for the color and contents of blood.

3. Sathagapitham

Controls the whole body and is held responsible for fulfilling a purpose.

4. Pirasagapitham

Dwells in the skin and concerned with the shine, glow, texture and its complexion

5. Alosagapitham

Responsible for the perception of vision.

In Kunma soalai, Anar Pitham, Sathaga Pitham were directly associated.

3.5.1.3 Kabam:

Kabam derives from the elements of Earth and Water. It is the energy of building and lubrication that provides the body with physical form, structure, and the smooth functioning of all its parts.

Funtions of kabam:

‘திடமீயு மென்பிணைப்புத் திண்மையுற்ற யாப்பும்
அடலேர் வழுவுமுப்பும் ஆக்கைக் - கிடர்க்கு
வெருவாப் பொறுமையும் மேலான காப்பாம்
பெருமைத்தா மையமெனப் பேசு’

- மருத்துவ தனிப்பாடல் பக்கம்20

It is of five types.

They are

1. Avalambagam

Lies in the respiratory organs, **exercises authority over other kaba's** and controls the heart and circulatory system.

2. Kilethagam

Found in stomach as its seat, **moistens the food, softens and helps to be digested.**

3. Pothagam

Hold responsible for the **sensory perception of taste.**

4. Tharpagam

Presents in the head and is responsible for the coolness of the eyes, sometimes may be referred to as cerebrospinal fluid

5. Santhigam

Necessary for the lubrication and the free movements of joints.

In this disease Kunma soolai, Avalambagam, Kilethagam and pothagam were directly associated.

3.5.2 UDAL THATHUKKAL (SEVEN PHYSICAL CONSTITUENTS):

‘இரமிரத் தந்தசை நெய் நிணமென்பு மச்சைவீந்தென்றேழும் முறையே’
சரதமொடு மெய்மனத்து நிறைவுதரும் உயிருட்டுத்தாங்கி யிருக்கும்
உரமுதவும் மேடுபள்ளம் நிரவும் நெய்ப் பசையூட்டும் ஓங்கி நிறுத்தும்
பரந்தென்பின் துளைகடொறும் நிரம்பிடுங்கள் முளைதோன்றப் பண்ணும்
தெரிவாய்’

-சித்த மருத்தூவாங்கச் சுருக்கம் -பக்கம்334

The human body is made of seven basic physical constituents. These constituents should be in harmony and function normally. Any variation in them will lead to their functional deviations.

The Natural characters of the seven physical constituents are:

1. Saaram (digestive essence)

Responsible for the growth & development. It keeps the individual in good temperament and it enriches the blood.

2. Senneer (blood)

Responsible for the colour of blood and for the intellect, nourishment, strength, vigour and valour of the body.

3. Oon (muscle)

Gives contour to the body as needed for the physical activity. It feeds the fat next day and gives a sort of plumpness to the body.

4. Kozhuppu (fat)

Lubricates the organs to facilitate frictionless functions.

5. Enbu (bones)

Supports & protects the vital organs, gives the definite structure of the body and is responsible for the posture and movements of the body.

6. Moolai (bone marrow)

Nourishes the bone marrow and brain which is the centre that controls other systems of the body. Normal.

7. Sukkilam/ Suronitham (sperm/ ova)

Responsible for reproduction.

THE VARIATIONS OF THE PHYSICAL CONSTITUENTS:

1. SAARAM

Increased Saaram:

Leads to diseases of increased kapham like indigestion etc.

Decreased Saaram :

Leads to loss of weight, tiredness, lassitude, dryness of the skin and diminished activity of the sense organs.

2. SENNER**Increased Senner:**

Causes boils in different parts of the body throbbing pain, anorexia, mental disorder, splenomegaly, Colicky pain, increased blood pressure, reddish eye and Skin, jaundice, haematuria etc.

Decreased Senner:

Leads to anaemia, tiredness, neuritis and lassitude, Pallor of body.

3. OON**Increased Oon :**

Oon in excess causes cervical lymph adenitis, venereal ulcer, tumour in face, abdomen, thigh genitalia etc are the signs of increased Oon

Decreased Oon :

Leads to impairment of sense organs, joints jaw, thigh and genitalia gets shortened

4. KOZHUPPU**Increased Kozhuppu:**

Identical to that of increased Oon associated with Dyspnoea and loss of acidity

Decreased Kozhuppu:

Leads to pain in the hip region and diseases of the spleen

5. ENBU**Excess Enbu :**

Growth in bones and teeth

Decreased Enbu :

Loosening of teeth and nails and Splitting and falling of hair

6. MOOLAI

Increased Moolai :

Causes heaviness, swollen eyes, swollen phalanges, Oliguria and non healing ulcers

Decreased Moolai :

Causes osteoporosis and sunken eyes

7. SUKKILAM / SURONITHAM

Excess Sukkilam/Suronitham :

Causes lust towards women and cause Urinary calculus

Decreased Sukkilam/Suronitham :

Causes failure in reproduction, pain in the genitalia.

3.5.3 KAALA MARUBADUGAL:

Paruvakalam (seasons):

According to siddha literatures, each year is divided in to six seasons and each season consists of two months and the year starts from Margazhi.

1. Kaar Kaalam Aavani & Purattasi -Aug 16 To Oct15

Vatham-Vettunilai Vazharchi

Pitham-Thanilai Vazharchi

2. Koothir Kaalam Iypasi &Karthigai - Oct 16 To Dec15

Vatham- Thanilai Vazharchi

Pitham- Vettunilai Vazharchi

3. Munpani Kaalam Margazhi & Thai - Dec16 To Feb15

Pitham- Thanilai Vazharchi

4. Pinpani Kaalam Masi& Panguni - Feb16 To June15

Kabham- Thanilai Vazharchi

5. Elavenir Kaalam Chithirai & Vaikaasi – April16 To June15

Kabham- Vettunilai Vazharchi

6. Mudhuvanir Kaalam Aani & Aadi- June16 To Aug 15

Vatham- Thanilai Vazharchi

3.5.4 THINAI (LAND):

Siddhars classified the lands in to five types.

They are

1. Kurunchi - Mountain range
2. Mullai -Pastoral area of the forest
3. Marudham -The fertile river bed
4. Neidhal -The coastal region
5. Paalai - Arid desert

According to siddha literatures, Vatha diseases will be predominant in Neithal, Pitha diseases will be in Mullai and Kaba diseases will be in Kurinji

3.6 MANIKADAINOOL:

“மணிக்கடை நால்விரல் தள்ளி வன்மையாய்,
தணிக்கடைக்கயறு போட்டளந்து பார்க்கையில்
கணித்திடும் விரல்தனைக் கண்டு சொல்லவே
பிணித்திடும் நோய்களைப் பிரித்துரைக்குமே”

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadai nool is a parameter to diagnose the disease by measuring the circumference of the wrist by means of a thread and then dividing the measured circumference with the patient's finger. By this measurement the disease can be diagnosed.

When the Manikkadainool is 11 fbs, the person will best out and he will live a healthy life for many years. When the Manikkadai nool measures between 4 to 6, it indicates poor prognosis of disease and the severity of the illness will be high and it leads to death.

The Manikkadai values which relates with Kunma soolai are mentioned below

10fbs-Prickingpaininchestand limbs,**gastritis** and **ulcer** result.

9 ½fbs-Odema, increased body heat, burning sensation of eye, fever, mega noi and**anorexia**.

8fbs- **Abdominal discomfort,gastritis,anorexia** and venereal diseases

7½fbs-Osteoporosis, **abdominal discomfort**, burning sensation of eyes, increased body temperature.Within 6 days all the joints of the limbs presents aswelling.

7fbs- Pitham ascends to head, haemetemesis, phlegm, burning sensation of limbs and**constipation**.

6¼fbs-**Diarrhoea, belching, vomiting** and mucousdysentery.

3.7 THEGA ILAKKANAM:

Siddha attributes three constitutional characteristics of an individual in accordance to uyir thathus.

Based on the predominance of individual *thathu* (*Vatham, Pitham anad Kabam*), there are three major types of *Thegam* described in *siddha literatures* namely,

- **Vatha thegi**
- **Pitha thegi**
- **Kaba Thegi**

Besides these, two thathus coincides and forms a body constitution called as Thontha thegam which are comprised of 6 sub types namely Vathapitham, Vathakabam, Pithavatham, Pithakabam, Kabavatham and Kabapitham.

Certain characters and diseases are more prone for ceratin thegis in siddha literatures. So the assessment of thega ilakkanam has a vital role in diagnosing diseases.

4 MATERIALS AND METHODS

The clinical study on Kunma soolai was carried in the out patients in post graduate department of Noi-Naadai at Govt. Siddha Medical College, Palayamkottai.

40 cases with clinical signs and symptoms of Kunma soolai of both sex of all different ages was studied under the guidance of faculties of post graduate department.

4.1 STUDY PLACE:

The observational study on Kunmasoolai was carried out in out-patient department of Noi naadal at Government siddha medical college and hospital, Palayamkottai, Tirunelveli.

4.2 STUDY DESIGN:

Observational and analytical study.

4.3 SAMPLE SIZE:

40 Cases were selected for this study.

4.4 SELECTION OF PATIENT:

The observational study was done on various cases, out of them 40 cases were selected on the basis of clinical symptoms indicated in the siddha text.

4.5 SELECTION OF CRITERIA:

4.5.1 Inclusion Criteria:

- Age between 20 – 60.
- Gender – Both.
- Moderate to severe pain in upper abdomen.
- Burning sensation in chest.
- Vomiting / nausea.

- Excessive appetite.
- Bloating of abdomen.
- Constipation / Diarrhoea.
- Altered taste sensation.
- Excessive salivation.

4.5.2 EXCLUSION CRITERIA:

- Stomach cancer.
- Pancreatitis.
- Cirrhosis of liver.
- Pregnant women and lactating women.

4.5.3 WITHDRAWAL CRITERIA:

- Patient who is Not willing.

4.6 STUDY PERIOD:

- 24- months

4.7 STUDY ENROLLMENT:

The 40 patients were selected from the out patients department (OPD) and of Government Siddha Medical College, Palayamkottai with the clinical symptoms of “*Kunma soolai*”. Those patients were screened and examined clinically for enrolling in the study based on the inclusion and exclusion criteria.

The patients who were enrolled in this study were informed about the study, role of the participant and the importance of the study. The information was also given by means of *consent form* to the patients in their own language and their doubts regarding the study was cleared and also it was cleared to the participant that he/she can be withdraw at any point of time during the study

After ascertaining the patient’s willingness, a written informed consent obtained from them in the *consent form*.

After getting consent, the patient was recruited for the study and the details were obtained from the patient by questioning and observation

4.8 PLAN FOR DATA COLLECTION:

Required data was collected from the participants with the help of proforma to aid brief analysis of Symptoms, Duration, Past, Present history, affected uyir thathukkal, Udal thathukkal, Thega ilakkanam and to diagnose the disease Kunma soilai by means of Ennvagai thervu and Manikkadai Nool.

4.9 METHODS FOLLOWED IN COLLECTING DATA:

4.9.1 Assessing Ennvagai thervu:

1. NAA:

- Signs and symptoms in the tongue are noted here.
- Color, salivary secretion, ulcers, coating, inflammation, taste changes, deviation and its nature are generally noted.

2. NIRAM:

- The color of the skin is noted here.

3. MOZHI:

- Character of the speech is noted, mainly uratha oli (high pitched), thazhntha oli (low pitched), or resembles the sound of any instrument.

4. VIZHI:

- Character of the eye is noted. Color, Warm, Burning Sensation, Irritation, Visual Perception.

5. MALAM:

- The stools are examined for quantity; hardening (malakattu), loose motion (bethi), Color and smell.

6. MOOTHIRAM:

A. NEERKURI:

- The urine is examined for its color, odour, volume, froth and weight. In Kunma soolai the moothiram will be affected due to urinary micturation.

B. NEIKURI

- The early morning urine of the patient is analyzed by dropping a drop of gingely oil on the surface of the urine sample. The accumulation, formations, changes, and dispersal under the sunlight without any external disturbances of the urine sample can be noted.

7. NAADI:

- Pulse was examined through the three fingers of the physician on wrist of the patient and felt for the strength of vatham, pitham and kabam.

8. SPARISAM:

- Observations as touch, temperature, sensory impairment, masses, nodes, swelling, and texture of the skin, pain, hardness, edematous, and dullness shall be noted.

4.9.2 MANIKKADAI NOOL:

- Diagnosis of disease is made by a unique method of measuring the wrist circumference with the help of simple cotton thread

4.10 INVESTIGATIONS DURING THE STUDY:

The patients were subjected to basic necessary laboratory investigations during the study at free of cost.

4.11 TREATMENT DURING THE STUDY:

Normal OPD and IPD treatment procedures followed in Government Siddha Medical College and Hospital, Palayamkottai, were prescribed to the study patients and the treatment was provided at free of cost.

4.12 DATA MANAGEMENT:

- After enrolling the patient in the study, a log book maintained for each patient, some of special details will be filled in the log book. Study Number and Patient Number will be entered on the log book for easily identification, the log book signed by concern staff on the particular day and arranged in a separate rack of the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patients log book will be taken and necessary recordings will be made at the assessment form.
- Screening form will be filled separately and respective diagnostic methods for this study also taken.
- The data recording will be monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found during the study, it will be collected from the patient but the time related data will not be recorded retrospectively.
- All collected data will be entered in MS Excel software of computer.

4.13 STATISTICAL ANALYSIS:

All collected data will be entered in MS Excel software by the investigators. Descriptive analysis will be made and necessary tables / graphs generated to understand the profile of the patient included in the study.

4.14 EXPECTED OUTCOME OF THE STUDY:

- Cost effective diagnosis.
- It may reveal factors which influence Kunma soolai.
- Making treatment easy by framing prompt diagnosis.

5 OBSERVATION AND RESULTS

40 Patients were selected from outpatient department (OPD) at the Government Siddha Medical College, Palayamkottai. Results of the study were observed with respect to the following criteria.

Results were observed with respect to the following criteria:

General criteria:

1. Age reference
2. Sex reference
3. Occupation
4. Kaalam
5. Distribution of nilam
6. Thega Ilakkanam

Assessment of symptoms and History:

7. Duration of symptoms
8. Enumeration of symptoms

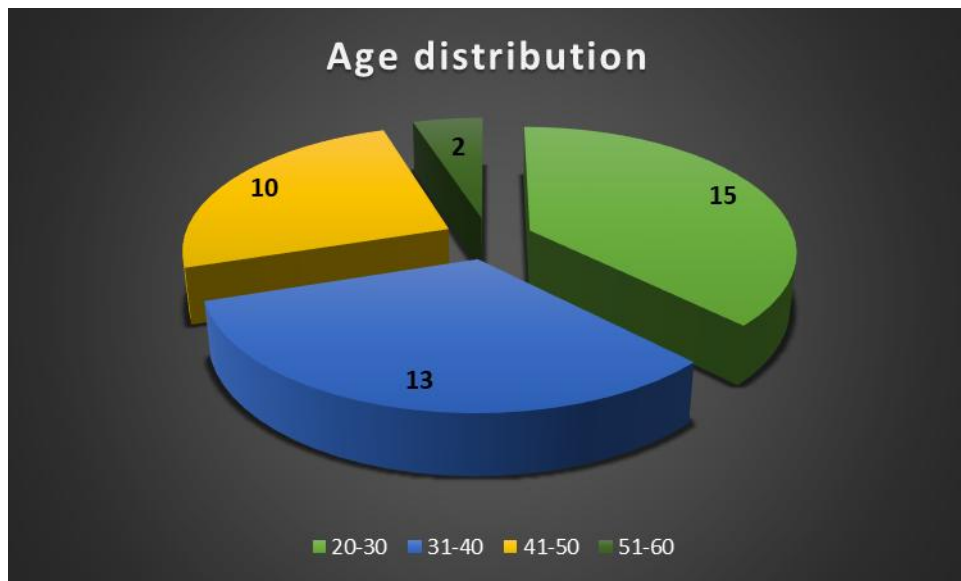
Assessment of uyir thathukkal and udal thathukkal:

9. Assessment of type of affected Vatam, Pitham, Kapam
10. Udal thathukkal

Assessment of Envagai thervu

Assessment of Manikkadai

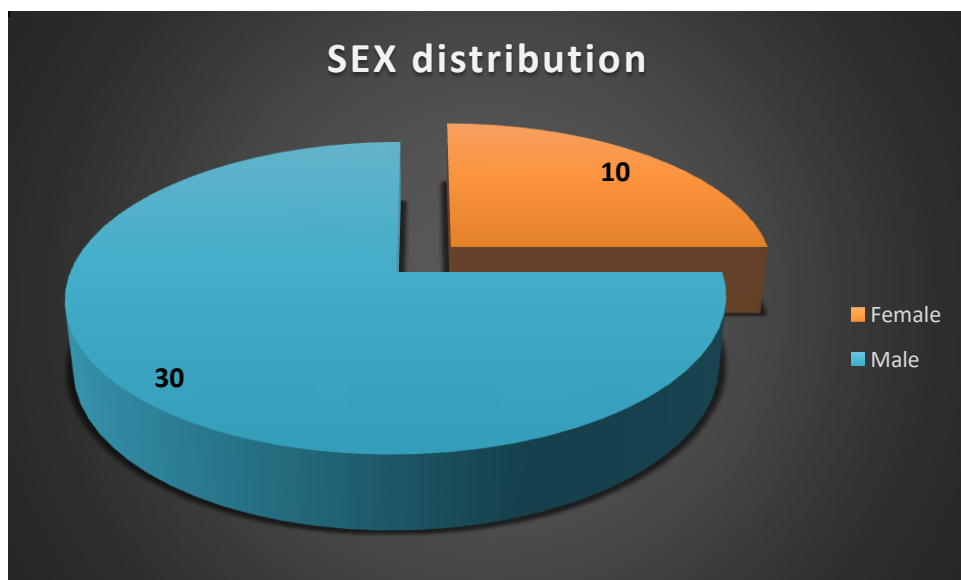
1. AGE DISTRIBUTION



On accounting the age, 15 cases (37.5%) were between the age group of 20-30, 13 cases (32.5%) were within the age group of 31-40, 10 cases (25%) within the age group of 41-50, 2 cases (5%) within the age group of 51-60.

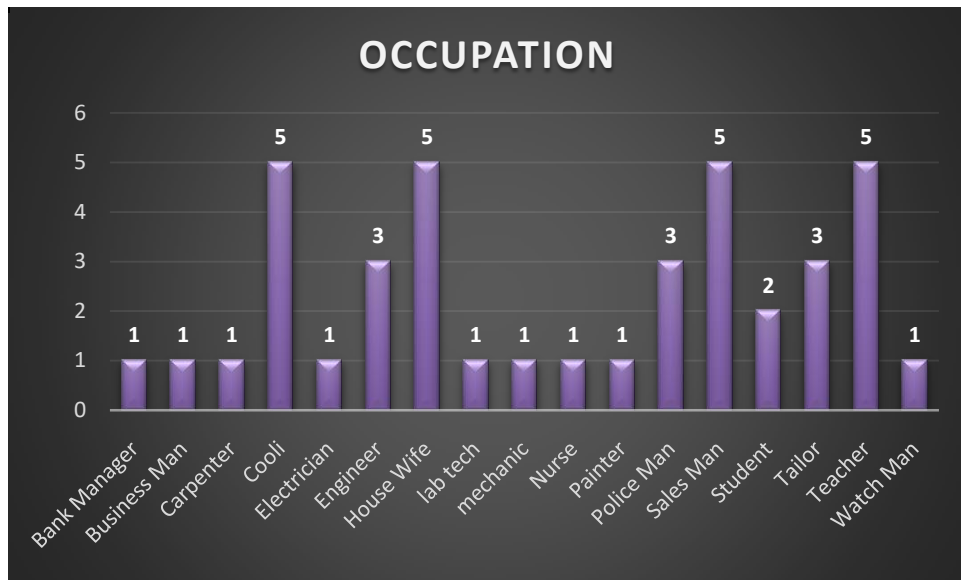
Most cases presented in this study were in **Vaatha kaalam**.

2. SEX DISTRIBUTION:



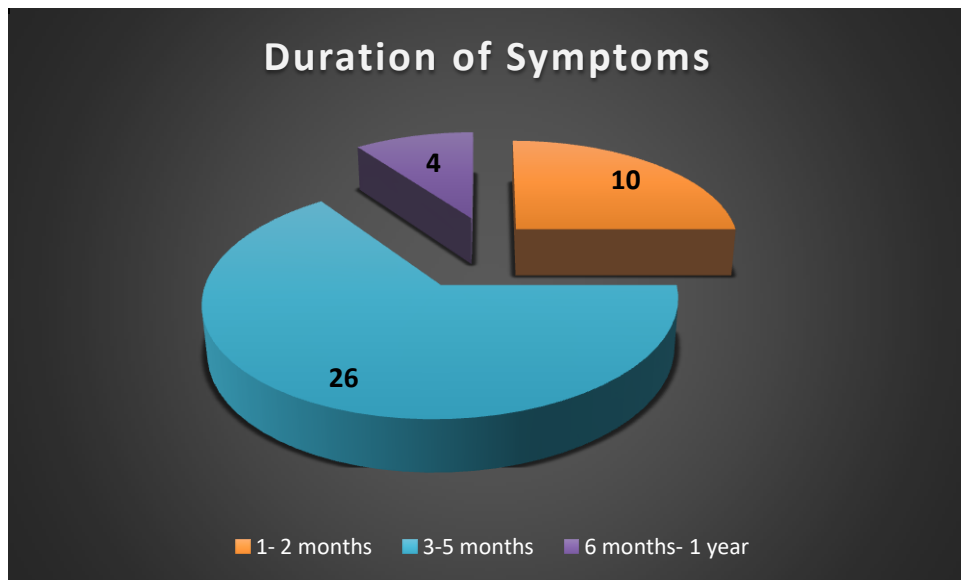
Most of the cases were male in this study (75%), 25% of participants were female.

3. OCCUPATION:



Occupation related to the disease are equally distributed. No particular occupation is related with the disease Kunmasoolai according to this study.

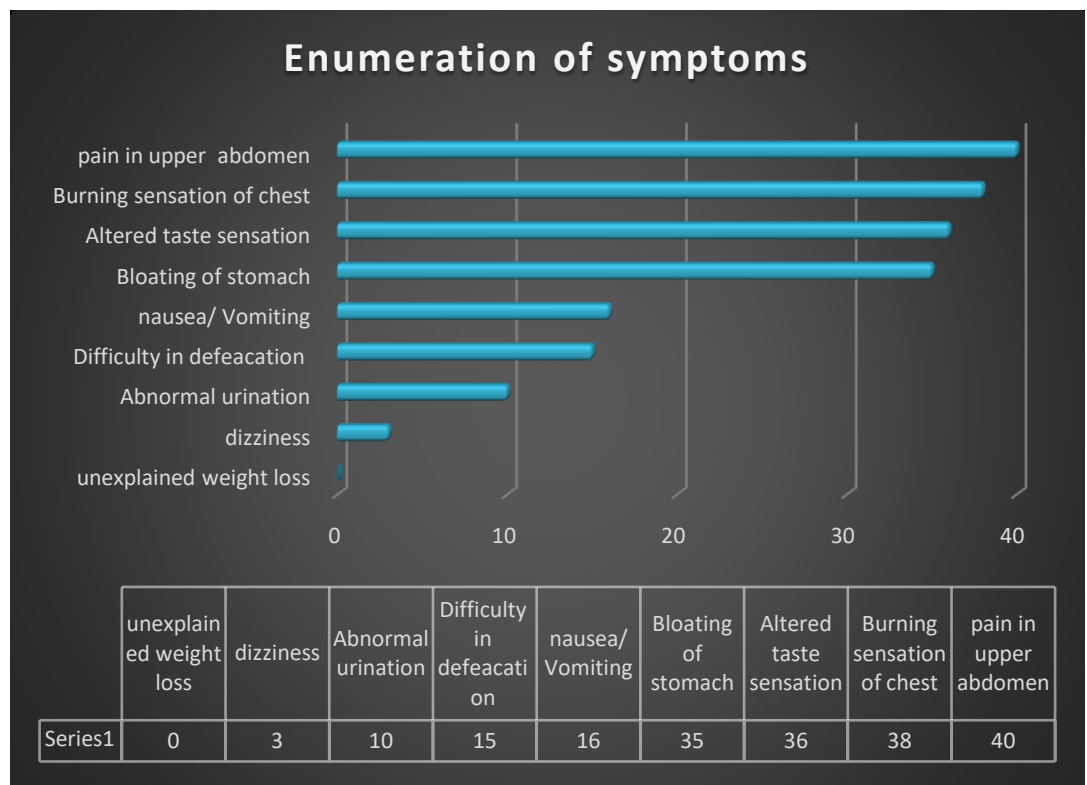
4. DURATION OF SYMPTOMS:



On accounting the duration of symptoms, 26 cases (65%) were presented within the duration of 3-5 months, 10 cases (25%) with the duration of 1-2 months, 4 cases (10%) with the duration of 6 months- 1 year.

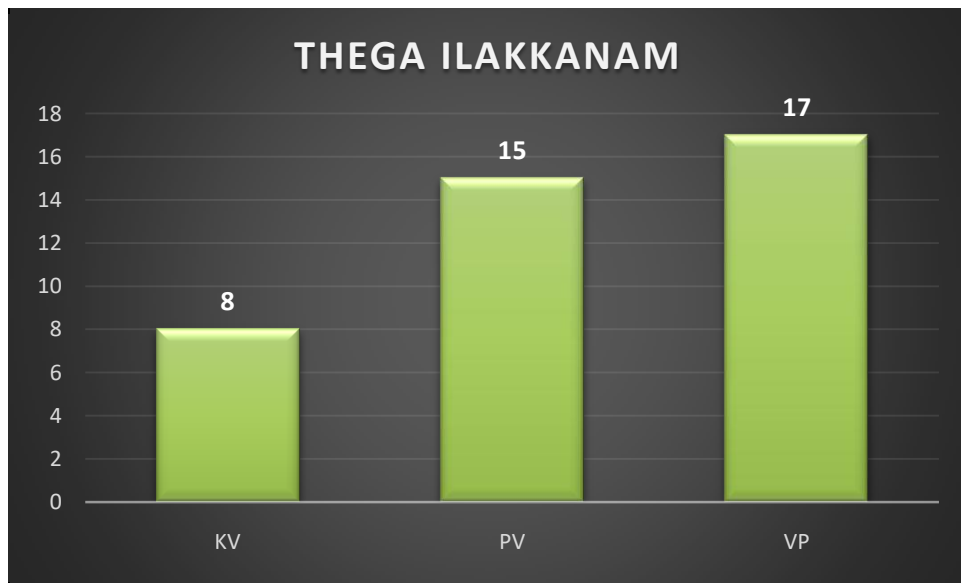
More prominently, the disease Kunmasoolai is chronic according to this study

5. ENUMERATION OF SYMPTOMS:



- Almost all cases presented with the complaints of Pain in upper abdomen
- 38 cases (95%) Presented with the symptom of Burning sensation of chest
- 36 cases (90%) Presented with the symptom of Altered taste sensation
- 35 cases (87.5%) Presented with the symptom of Bloating of stomach
- 16 cases (40%) Presented with the symptom of Nausea and Vomiting
- 15 cases (37.5%) Presented with the symptom of Difficulty in defaecation
- 10 cases (25%) Presented with the symptom of Abnormal urination
- 3 cases (7.5%) Presented with the symptom of Dizziness
- 1 case presented with the symptom of Unexplained weight loss

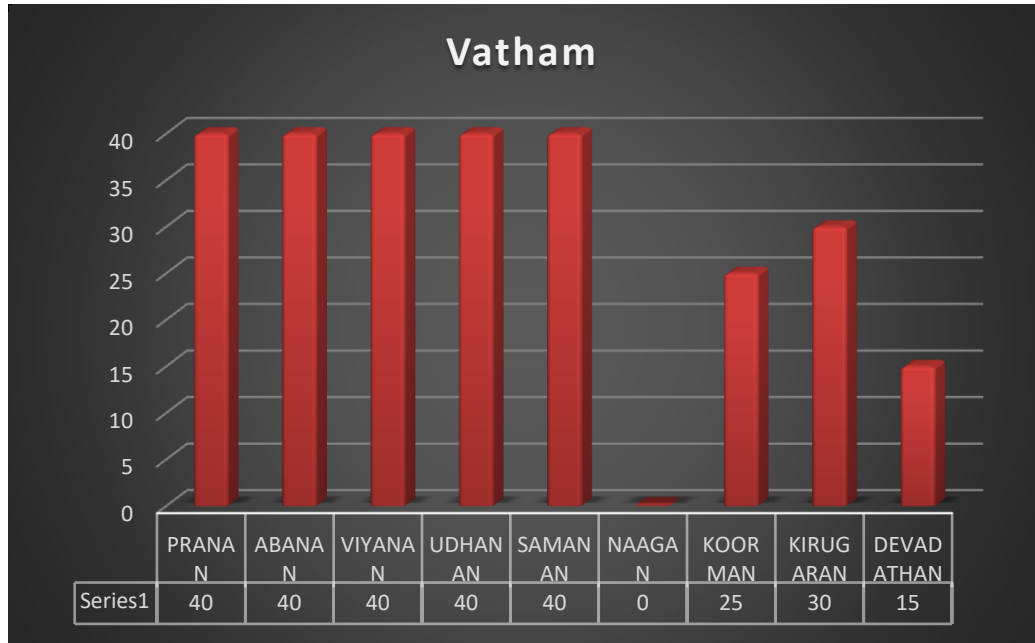
6. THEGA ILAKKANAM:



Out of 40 cases, 17 cases (42.5%) were with the body constitution of Vatha pitham, 15 cases (37.5%) were with the body constitution of Pithavatham, 8 Cases (20%) were with the body constitution of Kaba vatham.

7. ASSESSMENT OF UYIR THATHUKKAL:

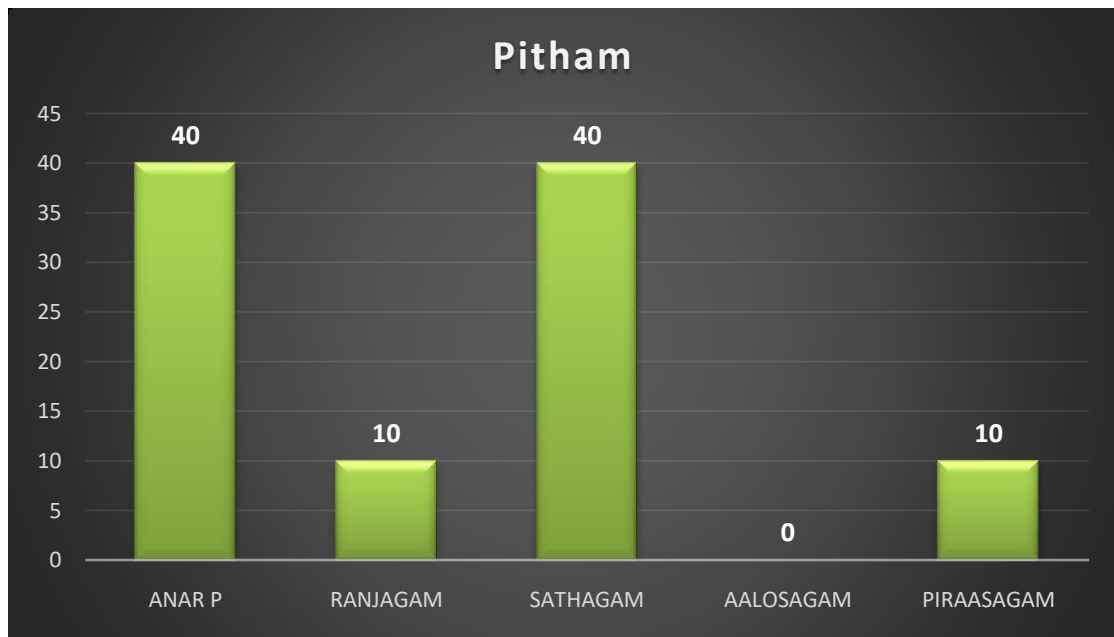
VATHAM:



Out of 40 cases,

- Pranana, Abana, Viyana, Udhan, Samana were affected in all cases with the symptoms of
 - Abana- Difficulty Urination & Defaecation
 - Viyana- Pain in Upper abdomen
 - Udhan- Indigestion, Bloating
 - Samana- Indigestion
 - Prana- as it regulates other Primary vayus
- Koorman was affected in 25 cases (62.5%) with the symptom of weakness
- Kirugaran was affected in 30 cases (75%) with the symptoms of Loss of appetite, indigestion, belching.
- Devadathan was affected in 15 cases (37.5%) with the symptoms of Tiredness, difficulty in defaecation

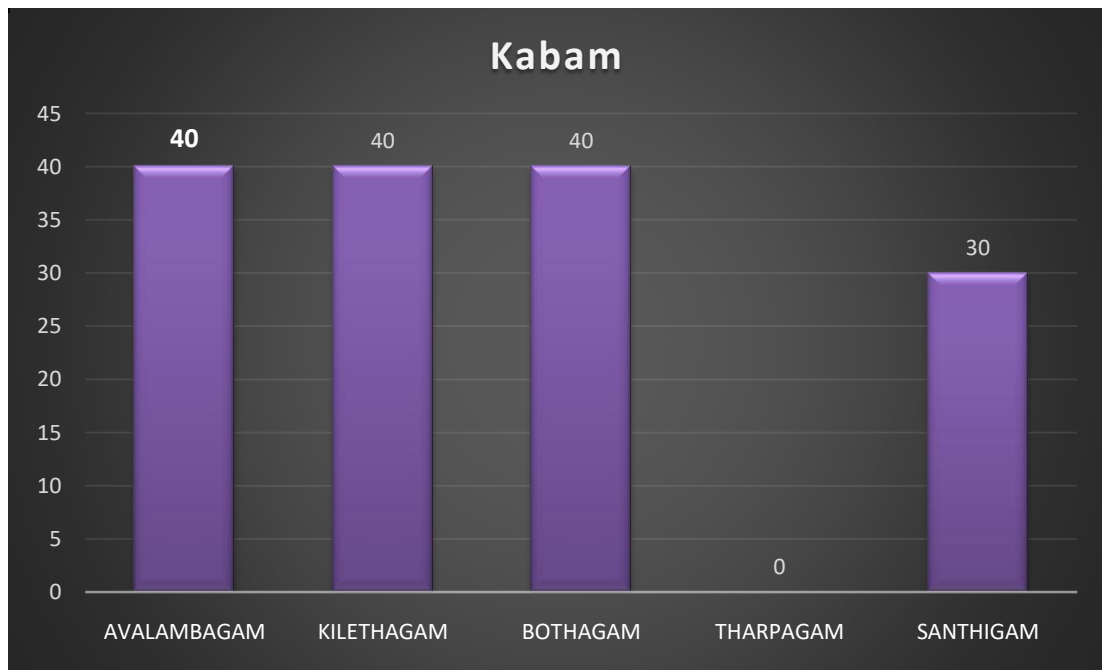
PITHAM:



On assessing pitham, out of 40 cases

- Almost all cases had affected Anar pitham and Saathaga Pitham with the symptoms of Indigestion, Bloating, Belching and tiredness in initiating a work
- Ranjaga pitham and Prasaga Pitham is affected in 10 cases (25%) with the symptom of Pallor

KABAM:

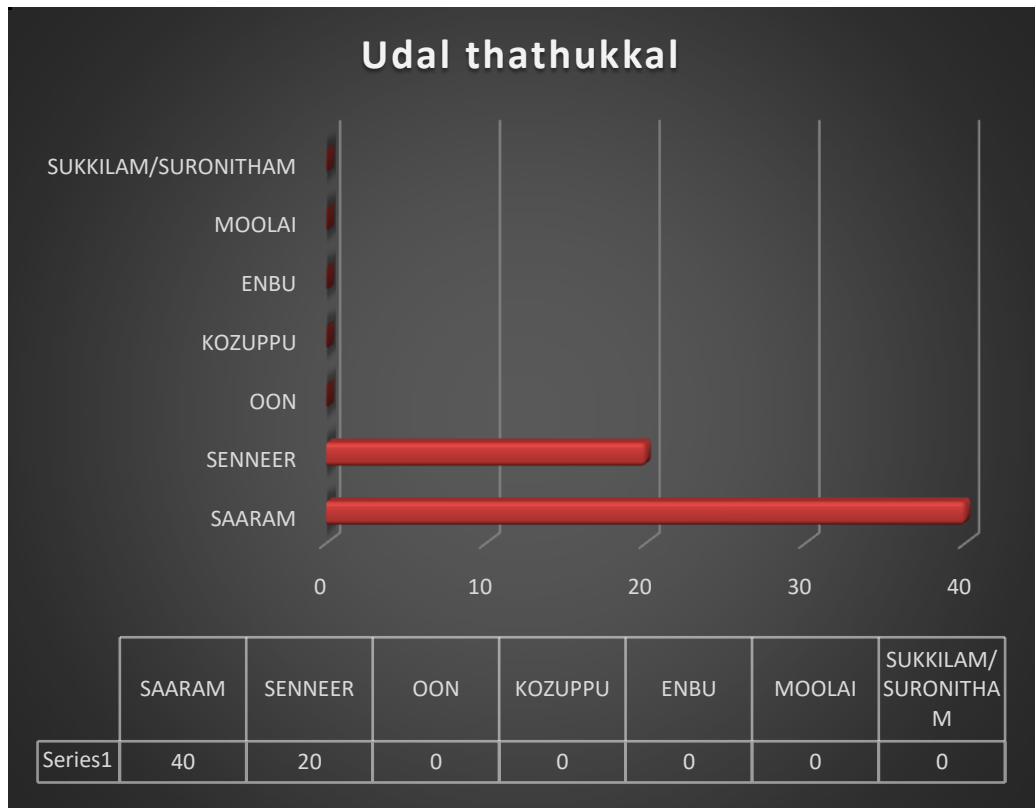


Out of 40 cases, Kilethagam and pothagam were affected in almost all cases with the symptoms of tastelessness, Indigestion.

Santhigam is affected in 30 cases with the symptom of joint pain in elderly patients.

Avalambagam is affected in almost all cases as it regulates all other Kabam

8. ASSESSMENT OF UDAL THATHUKKAL:



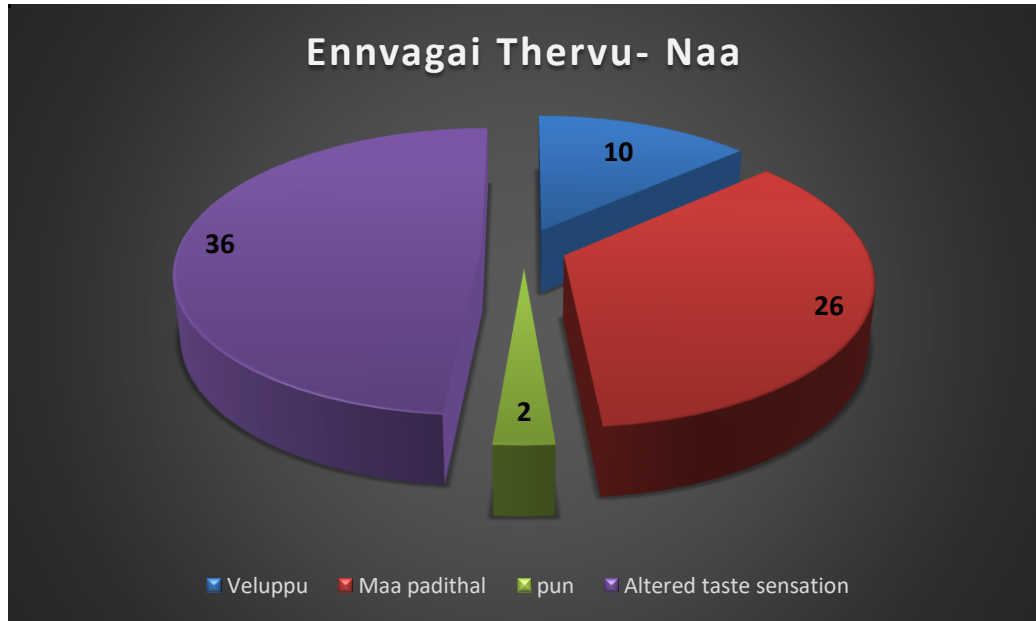
Out of 40 cases,

Saaram is affected in 40 cases with the symptom of tiredness

Senneer is affected in 20 cases (50%) with the symptom of pallor

9. ASSESSMENT OF ENNVAGAI THERVU:

NAA:

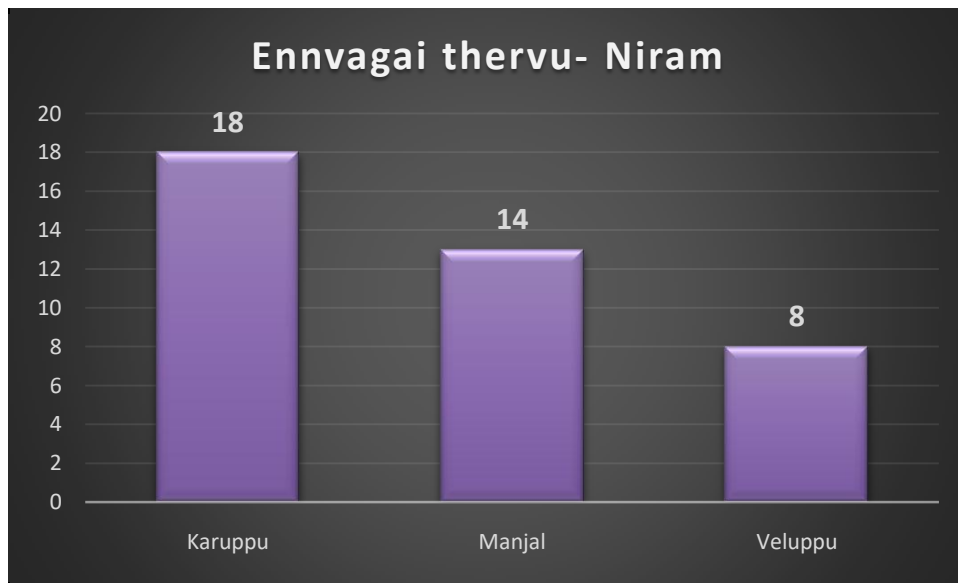


Naa is affected in all cases.

Of these,

- 36 cases had altered taste sensation (Bitterness in mouth)
- 26 cases had Maa padithal
- 10 cases had Veluppu
- 2 cases had mouth ulcers

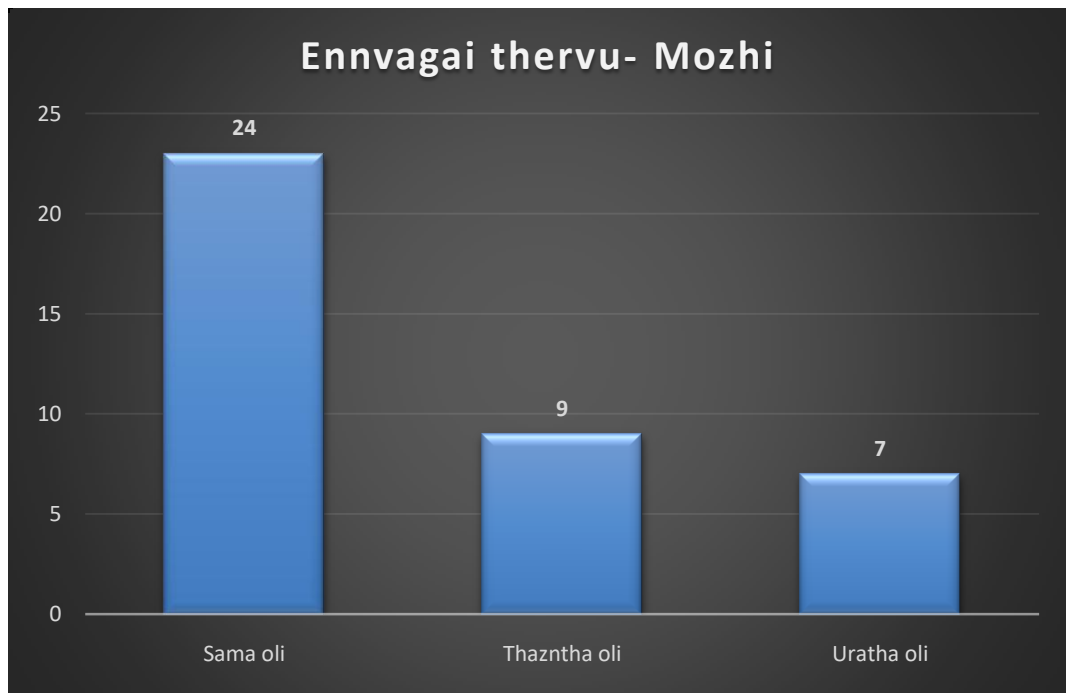
NIRAM:



Out of 40 cases,

- 8 (45%) were having normal body colour of black
- 14 (35%) were with yellow colour
- 8 cases (20%) were with white complexion
- No colour changes or abnormal lesions noted

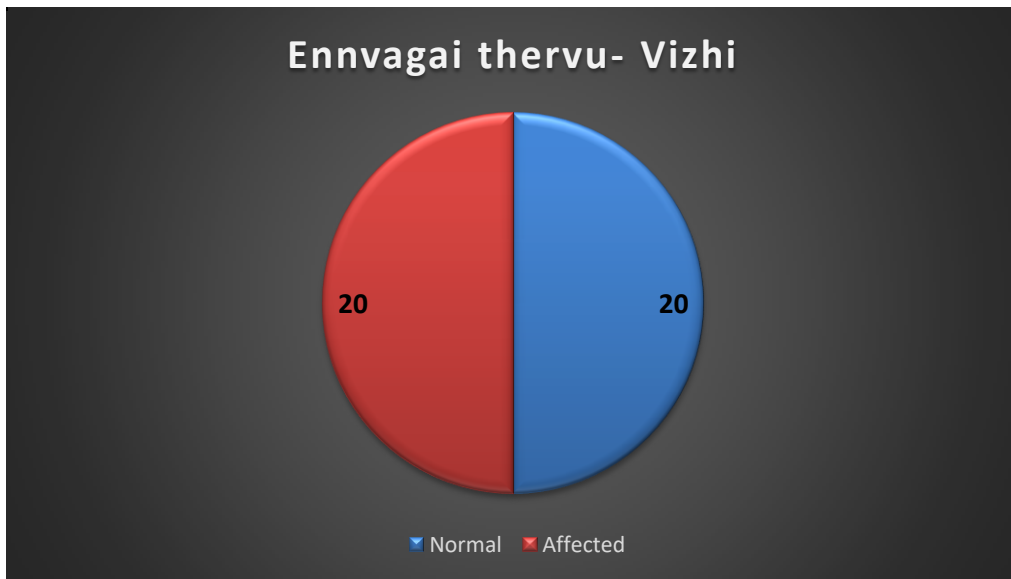
MOZHI:



Out of 40 cases,

- 24 cases (60%) were with voice tone of Sama oli
- 9 cases (22.5%) were with Thazntha oli
- 7 cases (17.5%) with Uratha oli

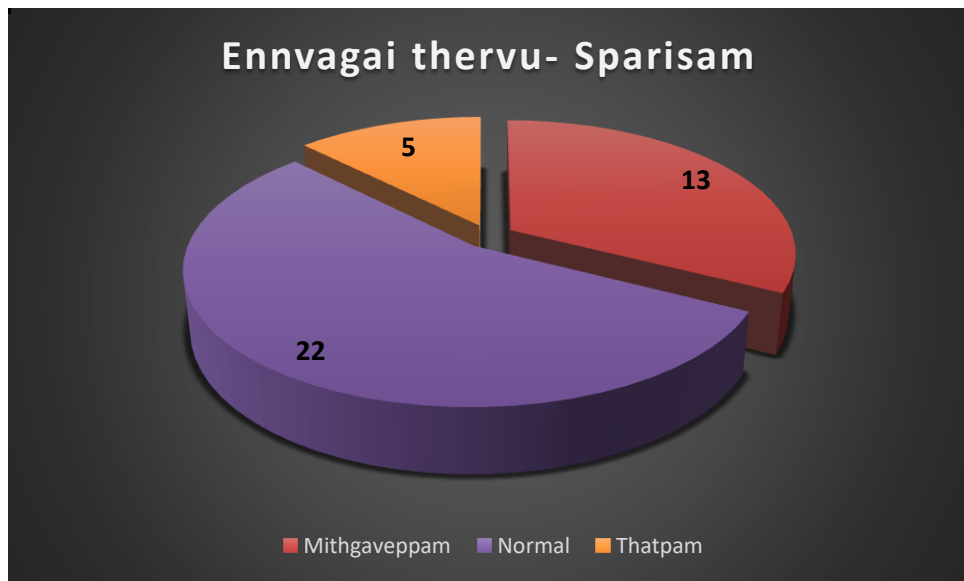
VIZHI:



Out of 40 Cases,

Vizhi is affected in 20 cases (50%) with the symptoms of Pallor, Burning sensation of eye

SPARISAM:



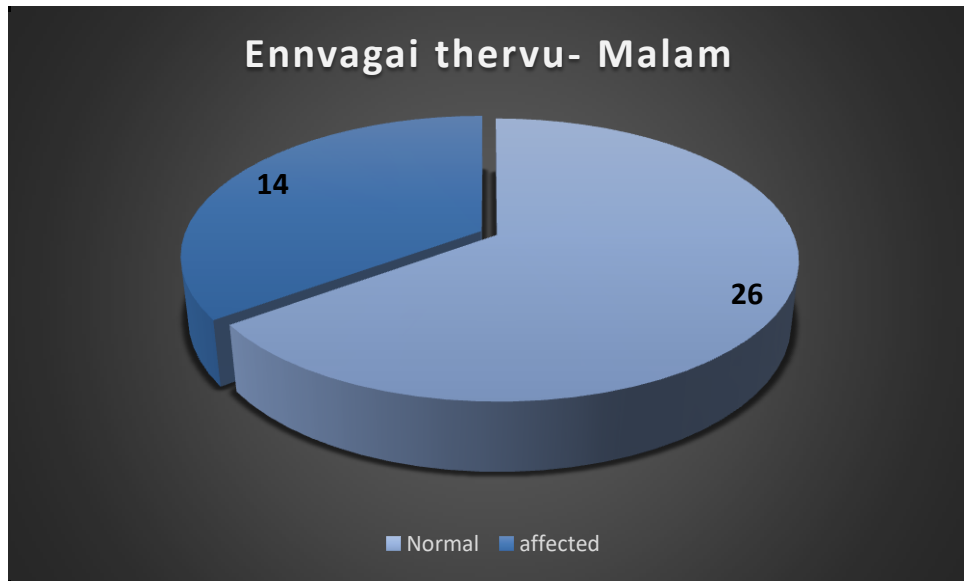
Out of 40 cases,

22 cases (55%) had no effects in sparisam

13 cases (32.5%) had Mithaveppam

5 cases (12.5%) had thatpam

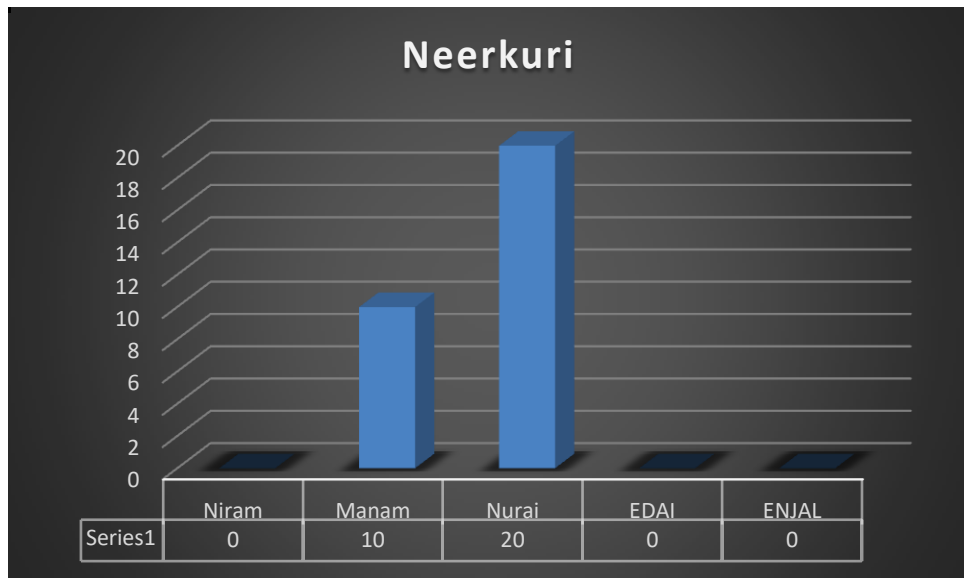
MALAM:



Malam is affected in 14 cases (35%) with the symptoms of constipation.

MOOTHIRAM:

Neerkuri:



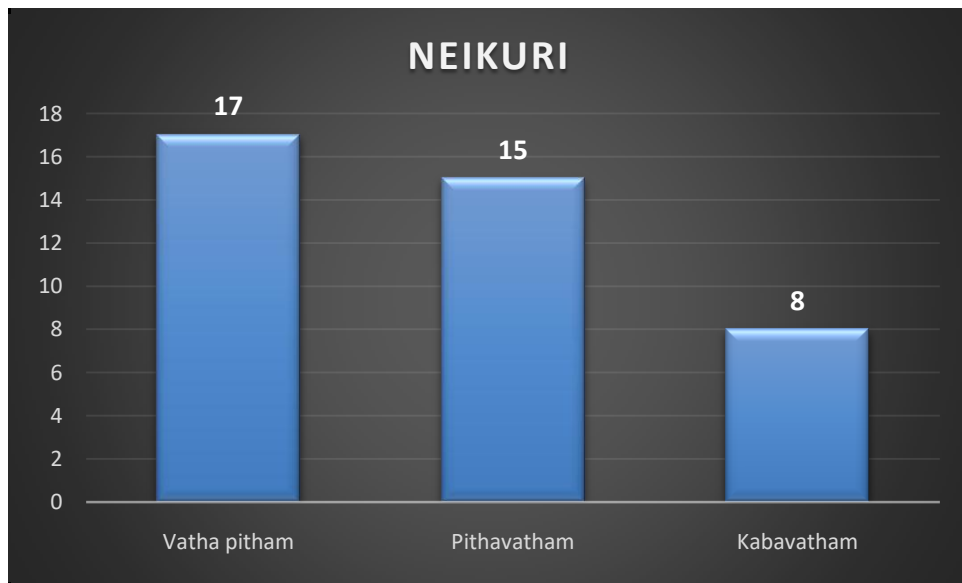
In Neerkuri,

Out of 40 cases,

Froth (Nurai) is present in 20 cases (50%)

Abnormal odour (Manam) present in 10 cases (25%)

Neikuri:



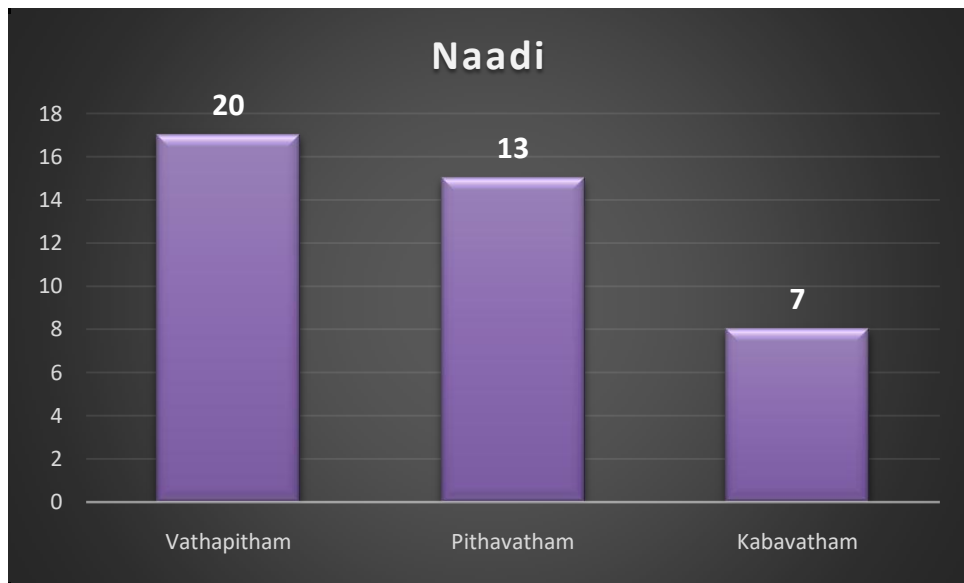
On assessing the Neikuri,

17 cases (42.5%) cases had the Neikuri of Vatha pitham

15 cases (37.5%) cases had the neikuri of Pithavatham

8 cases (20%) cases had Kabavatham nature of Neikuri

NAADI:



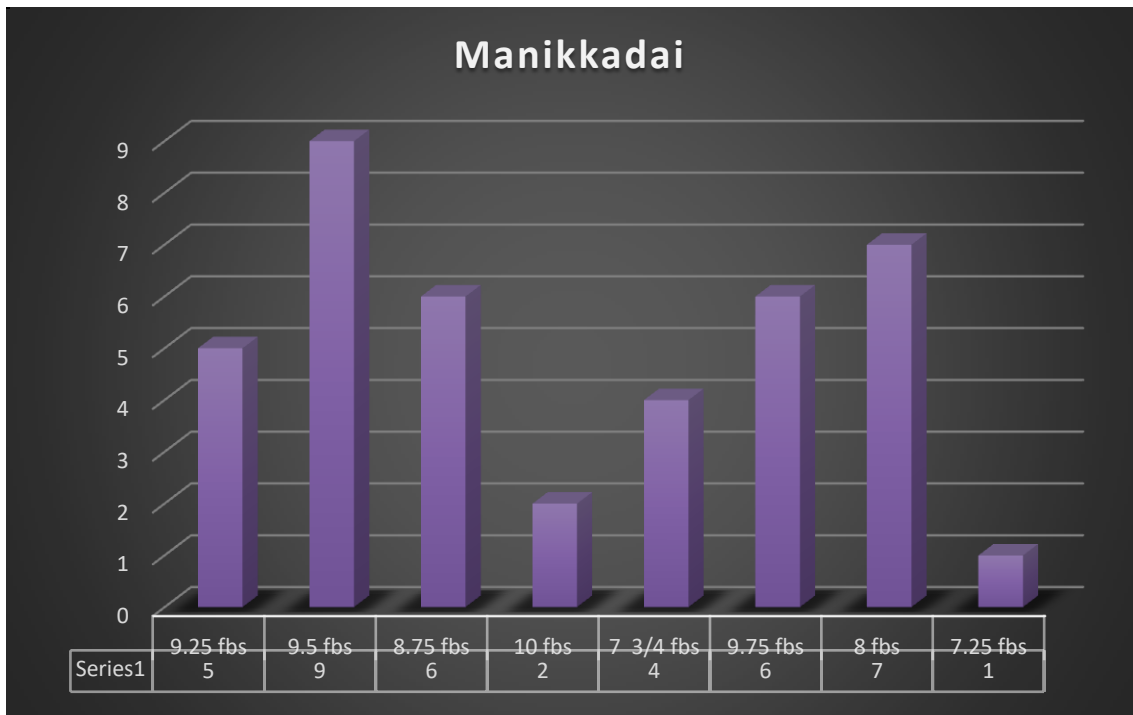
On assessing the Naadi,

20 cases (50%) cases had the Naadi of Vatha pitham

13 cases (32.5%) cases had the naadi of Pithavatham

7 cases (17.5%) cases had Kabavatham nature of Naadi

MANIKKADAI ALAVU:



Most commonly presented Manikkadai were

- 9 ½ fbs- 9 cases (22.5%)
- 8 fbs- 7 cases (17.5%)
- 8 ¾, 9 ¾- 6 cases each (15%)
- 9 ¼- 5 cases (12.5%)

(Fbs- Finger Breadth Size)

- 9 ½ fbs which has symptoms like -Odema, increased body heat, burning sensation of eye, fever, mega noi and anorexia.
- Next to that 8 fbs manikkadai was noted with the symptoms of abdominal discomfort, gastritis, anorexia and venereal diseases
- Next to that 8.75 fbs and 9.75 fbs manikkadai was presented with no relatable symptoms with kunma soolai
- Manikkadai values of 9 ¼, 8, 10 shoes relatable symptoms of Kunma soolai

6.1 DISCUSSION ON GENERAL CRITERIA:

6.1.1 Age:

On accounting the age, 15 cases (37.5%) were between the age group of 20-30, 13 cases (32.5%) were within the age group of 31-40, 10 cases (25%) within the age group of 41-50, 2 cases (5%) within the age group of 51-60.

Most cases presented in this study were in **Vaatha kaalam**.

6.1.2 Sex:

Most of the cases were male in this study (75%), 25% of participants were female.

6.1.3 Occupation:

Occupation related to the disease are equally distributed. No particular occupation is related with the disease Kunmasoolai according to this study.

6.2 DISCUSSION ON SYMPTOMS:

6.2.1 Duration of Symptoms:

On accounting the duration of symptoms, 26 cases (65%) were presented within the duration of 3-5 months, 10 cases (25%) with the duration of 1-2 months, 4 cases (10%) with the duration of 6 months- 1 year.

More prominently, the disease Kunmasoolai is chronic according to this study

6.2.2 Enumeration of symptoms:

- Almost all cases presented with the complaints of Pain in upper abdomen
- 38 cases (95%) Presented with the symptom of Burning sensation of chest
- 36 cases (90%) Presented with the symptom of Altered taste sensation
- 35 cases (87.5%) Presented with the symptom of Bloating of stomach
- 16 cases (40%) Presented with the symptom of Nausea and Vomiting
- 15 cases (37.5%) Presented with the symptom of Difficulty in defaecation

- 10 cases (25%) Presented with the symptom of Abnormal urination
- 3 cases (7.5%) Presented with the symptom of Dizziness
- 1 case presented with the symptom of Unexplained weight loss

6.3 DISCUSSION ON THEGA ILAKKANAM

Out of 40 cases, 17 cases (42.5%) were with the body constitution of Vatha pitham, 15 cases (37.5%) were with the body constitution of Pithavatham, 8 Cases (20%) were with the body constitution of Kaba vatham

6.4 DISCUSSION ON UDAL THATHUKKAL AND UYIR THATHUKKAL:

6.4.1 Udal thathukkal:

Out of 40 cases,

Saaram is affected in 40 cases with the symptom of tiredness

Senneer is affected in 20 cases (50%) with the symptom of pallor

6.4.2 Uyir Thathukkal:

Vatham:

Out of 40 cases,

- Pranana, Abanana, Viyanana, Udhanana, Samanana were affected in all cases with the symptoms of

Abanana- Difficulty Urination & Defaecation

Viyanana- Pain in Upper abdomen

Udhanana- Indigestion, Bloating

Samanana- Indigestion

Pranana- as it regulates other Primary vayus

- Koorman was affected in 25 cases (62.5%) with the symptom of weakness
- Kirugaran was affected in 30 cases (75%) with the symptoms of Loss of appetite, indigestion, belching.

- Devadathan was affected in 15 cases (37.5%) with the symptoms of Tiredness, difficulty in defaecation

Pitham:

On assessing pitham, out of 40 cases

- Almost all cases had affected Anar pitham and Saathaga Pitham with the symptoms of Indigestion, Bloating, Belching and tiredness in initiating a work
- Ranjaga pitham and Prasaga Pitham is affected in 10 cases (25%) with the symptom of Pallor

Kabam:

Out of 40 cases,

- Kilethagam and pothagam were affected in almost all cases with the symptoms of tastelessness, Indigestion.
- Santhigam is affected in 30 cases with the symptom of joint pain in elderly patients.
- Avalambagam is affected in almost all cases as it regulates all other Kabam

6.5 DISCUSSION ON ENNVAGAI THERVU:

1. Naa:

Naa is affected in all cases.

Of these,

- 36 cases had altered taste sensation (Bitterness in mouth)
- 26 cases had Maa padithal
- 10 cases had Veluppu
- 2 cases had mouth ulcers

2. Niram:

Out of 40 cases,

- 8 (45%) were having normal body colour of black
- 14 (35%) were with yellow colour

- 8 cases (20%) were with white complexion
- No colour changes or abnormal lesions noted

3. Mozhi:

Out of 40 cases,

- 24 cases (60%) were with voice tone of Sama oli
- 9 cases (22.5%) were with Thazntha oli
- 7 cases (17.5%) with Uratha oli

4. Vizhi:

Out of 40 Cases,

Vizhi is affected in 20 cases (50%) with the symptoms of Pallor, Burning sensation of eye

5. Sparisam:

Out of 40 cases,

22 cases (55%) had no effects in sparisam

13 cases (32.5%) had Mithaveppam

5 cases (12.5%) had thatpam

6. Malam:

Malam is affected in 14 cases (35%) with the symptoms of constipation.

7. Moothiram:

Neerkuri:

In Neerkuri,

Out of 40 cases,

Froth (Nurai) is present in 20 cases (50%)

Abnormal odour (Manam) present in 10 cases (25%)

Nirkkuri:

On assessing the Neikuri,

17 cases (42.5%) cases had the Neikuri of Vatha pitham

15 cases (37.5%) cases had the neikuri of Pithavatham

8 cases (20%) cases had Kabavatham nature of Neikuri

8. Naadi:

On assessing the Naadi,

20 cases (50%) cases had the Neikuri of Vatha pitham

13 cases (32.5%) cases had the neikuri of Pithavatham

7 cases (17.5%) cases had Kabavatham nature of Naadi

6.6 DISCUSSION ON MANIKKADAI:

Most commonly presented Manikkadai were

- 9 ½ fbs- 9 cases (22.5%)
- 8 fbs- 7 cases (17.5%)
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- Manikkadai values of 9 ¼, 8, 10 shoes relatable symptoms of Kunma soola

7 SUMMARY

The aim is to conduct a clinical study on standardization of Siddha diagnostic methodology for **Kunmasoolai** with special mention to Envagai thervu

- The disease is characterized by Alterations in foods, habits, sleep or any disequilibrium between the three domains.
- The author had collected literature for definition, etiology, pathogenesis, other characteristic features, specific diagnostic findings, line of treatment and dietary regimen from various texts.
- For the work, 40 cases were observed and diagnosed in the OPD of Government Siddha Medical College, palayamkottai
- Log Book and proforma were maintained for each of these 40 cases individually.
- Prompt diagnosis was made after careful analysis of observation results and differential diagnosis
- The etiopathogenesis and pathology of the disease had been discussed.
- Derangement of UyirThathukkal and UdalThathukkal in the disease had been discussed.
- Alterations in Siddha parameters like Kaalam, Nilam, Gnanenthiriyam, Kanmenthiriyam, Thegi Ilakkanam and Manikkadai Nool have been recorded.
- Ennvagai Thervugal had been studied in detail and their interpretation had been done.
- According to the literature review, the disease Kunma soolai is predominantly due to the derangement of vatham along with pitham.
- In this study, the age group of Vatha Kaalam are mostly affected with the disease Kunma soolai,

- According to thega ilakkanam, Vatha pitha thegis are predominantly affected. On analysing the Naadi, Vathapitha Naadi and Vathapitha Neikuri is mostly noted. Hence ensuring the applicability of diagnosing the disease Kunma soolai in present day sample.

8 CONCLUSION

In this study the diagnosis of disease “Kunmasoolai” as per siddha diagnostic procedures, elucidated in the siddha textbooks were done elaborately and the results observed were recorded and interpreted which ensures the applicability of diagnosing the disease in present day sample.

This study has been conducted as observational type of study. Furthermore Experimental studies should be carried out in validating this research in more efficient way

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9. Thanvanthiri vaithKabam.
10. Agathiyar naadi nool.

Op.No: 15652

Age/sex: 29/m



Figure 1: Assessing Manikkadai

Op.No: 15652

Age/sex: 29/m



Op.No: 13743

Age/sex: 26/m



GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI

DEPARTMENT OF NOI-NAADAL

CASE PROFORMA

DATE:

**A STUDY OF SIDDHA DIAGNOSTIC METHODOLOGY OF ENNVAGAI THERVU
FOR “ KUNMA SOOLAI ”**

GUIDE

Dr.S VICTORIA,
Principal,head of the Department,
Department of Noi-Naadala,
Govt siddha medical college,
Palayamkottai

PRINCIPAL INVESTIGATOR

Dr.K.Mani,
PG Scholar,
Department of Noi-Naadala,
Govt siddha medical college,
Palayamkottai

Patient's Name:

OPD No:

Age/Sex:

Phone No:

Address:

CONSENT: (ஒப்புதல் படிவம்)

மேற்சொன்ன மருத்துவர் இவ்வாய்வை பற்றியும், மருத்துவ பரிசோதனைகள் பற்றியும், மருத்துவ வழிமுறைகள் பற்றியும் எனக்கு புரியும் வகையில் விளக்கி கூறினார். மேலும் இவ்வாய்வினால் எனக்கு எந்தவித நேரடியான பாதிப்பும் இல்லை என்றும், எனக்கு விருப்பமில்லாத பட்சத்தில் எந்நேரமும் எக்காரணமும் சொல்லாமல் என்னால் இவ்வாய்விலிருந்து விலக முடியும் என்பதையும் அறிந்து கொண்டேன். மேற்படியான நோய் நிர்ணய ஆய்விற்கு சம்மதம் தெரிவித்து ஒப்புதல் அளிக்கிறேன்.

மருத்துவர் விபரம்

மரு.கா. மணி

பட்டமேற்படிப்புமுன்றாம் ஆண்டு

அரசு சித்த மருத்துவ கல்லூரி

பாளையங்கோட்டை

நோயாளியின் கையொப்பம்

DEPARTMENT OF PG NOI NAADAL
A STUDY OF SIDDHA DIAGNOSTIC METHODOLOGY OF ENNVAGAI
THERVU FOR “ KUNMA SOOLAI ”

SCREENING AND SELECTION PROFORMA

S.NO:

DATE:

1. OP.NO/IP NO:
2. NAME :
3. AGE(YEARS) :..... 4.SEX:.....
4. ADDRESS :
.....
.....
5. CONTACT.NO :
6. E-MAIL :
7. OCCUPATION:.....
8. EDUCATIONAL STATUS:

Illiterate	
Literate	

9.NATURE OF WORK:

- I. Sedentary work
- II. Field work with physical labor
- III. Field work executive

CRITERIA FOR INCLUSION:

CRITERIA	YES	NO
Age between 20 TO 50		
Gender – Both		
Moderate to severe pain in upper abdomen		
Bloating of abdomen		
Burning sensation in chest		
Vomiting / nausea		
Constipation / diarrhoea		
Discomfort during defecation / urination		
Altered taste sensation		
Excessive salivation		

CRITERIA FOR EXCLUSION:

CRITERIA	YES	NO
Age below 12 and above 65		
Stomach cancer		
Pancreatitis		
Duodenitis		
Intestinal diseases		
Cirrhosis of liver		
Pregnant and lactating women		

Signature of the Investigator:

Date:

SIGNATURE OF THE SUPERVISING FACULTY:

HISTORY OF THE PATIENT

1.Complaints and Duration :

2.History of present illness:

3.History of Past illness:

4.Family History:

5. Personal history:

1.DIET:

VEG/MIXED

2. SMOKING HABIT:

YES / NO If yescigarrates per day

3.ALCOHOL HABIT:

YES / NO If yes OCCATIONAL/ DAILY

4.BEVARAGES HABIT:

TEA /COFFEE/ MILK /.....times per day

5.APPETITE:

KURAI / MIGU / ATHIGAM

6.TIME OF FOOD INATAKE:

REGULAR TIME / IRREGULAR TIME

7.PER DAY FOOD INTAKE PERIODS:

ONCE / TWICE / THRICE A DAY

8.SLEEP:

KURAI / MIGU / ATHIGAM

9.TREATMENT HISTORY:

Medical treatment:

Surgical treatment:

10.MARRITAL STATUS: MARRIED / UN MARRIED

CLINICAL ASSESSMENT

I . GENERAL EXAMINATION:

1. Height: cm
2. Weight: kg.
3. BMI (Weight Kg/ Height m²)
4. Temperature: °F.
5. Pulse rate: /min.
6. Heart rate: /min
7. Respiratory ___/ min
8. Blood pressure _____mmHg
9. Anemia: nil / mild/moderate / severe
10. Pedal edema Present Absent
11. Lymphadenopathy Present Absent
12. Jaundice:
Present Absent

II .SYSTEMIC EXAMINATION:

Gastro Intestinal System

PALPATION:

PAIN

SWELLING

TENDERNESS

TEMPERATURE

AUSCULTATION:

PERCUSSION:

ENNVAGAI THERVU [EIGHT-FOLD EXAMINATION]

I. NAADI:

1. Kaalam :.....
2. Neram :.....
3. Naal :.....
4. Naadinadai (Pulse Play)
 1. Vali
 2. Vali Azhal
 3. Vali Iyyam
 4. Azhal
 5. Azhal Vali
 6. Azhal Iyyam
 7. Iyyam
 8. Iyya vali
 9. Iyya Azhal
 10. Mukkutram

II. NAA (TONGUE)

1. Maa padithal: yes / no
2. Naavin niram: karuppu / sivappu / manjal / veluppu
3. Vedippu: yes / no
4. Vaineer Ooral: athigam / varatchi
5. Suvai: ini / puli / uppu / kai / kaar / thuva / kaar
6. Parkalin nilai:

III. NIRAM (COLOUR & COMPLEXION OF SKIN)

1. Iyalbana Niram (Physiological)

1. Karuppu
2. Manjal
3. Velluppu

2. Nira maatram (Pathological)
 1. Present
 2. Absent

IV. MOZHI (VOICE)

1. Sama oli
2. Urattha oli
3. Thazhantha oli

V. VIZHI (EYES)

1. Niram	R	L
Venvizhi		
1.Manjal	<input type="checkbox"/>	1. Manjal <input type="checkbox"/>
2.Sivapu	<input type="checkbox"/>	2.Sivapu <input type="checkbox"/>
3.Karupu	<input type="checkbox"/>	3.Karupu <input type="checkbox"/>
2. Neerthuvam (Moisture)		
1) Normal	<input type="checkbox"/>	2)Increased <input type="checkbox"/> 3)Reduced <input type="checkbox"/>
3.Peelai seruthal (Mucus excrements)		
1)Present	<input type="checkbox"/>	2) Absent <input type="checkbox"/>
4. Protrusion of eye ball		
1)Present	<input type="checkbox"/>	2) Absent <input type="checkbox"/>

VI. SPARISAM (PHYSICAL SIGNS)

1. Viyarvai (Sweat)

1)Normal 2)Increased 3)Reduced

2.Thanmai

1.Veppam (Warmth) 2.Mitha Veppam(Mild) 3.Thatpam(Cold)

VII. MALAM (STOOLS)

1. Ennikai (No Of Times Passed) - / Day

2. Niram (Colour)		
1. Karuppu (Black)	<input type="checkbox"/>	2.Manjal(Yellowish) <input type="checkbox"/>
3. Sivappu (Reddish)	<input type="checkbox"/>	4. Velluppu (Pale) <input type="checkbox"/>
3. Sikkal /Solid (Constipation)		
1.Present	<input type="checkbox"/>	2) Absent <input type="checkbox"/>
4. Kalichchal (Loose watery stools)		
1.Present	<input type="checkbox"/>	2) Absent <input type="checkbox"/>

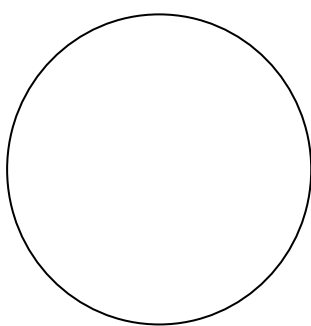
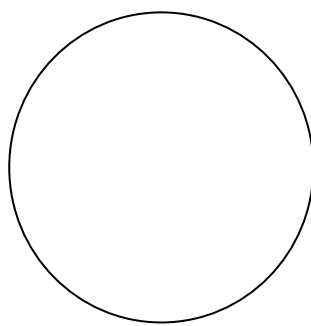
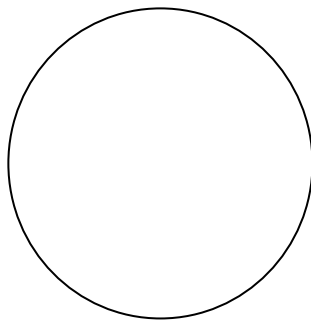
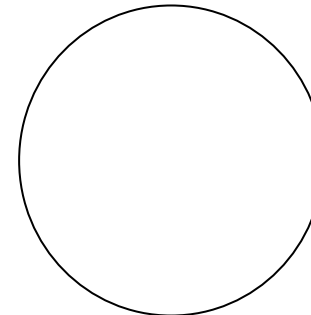
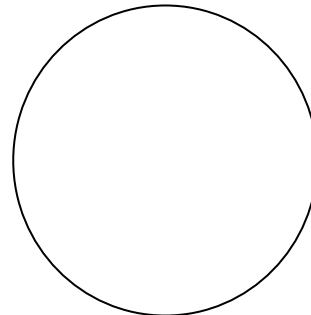
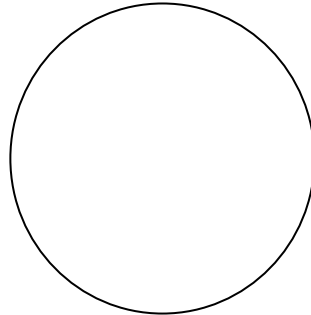
VIII. MOOTHIRAM (URINE)

(a) NEER KURI (PHYSICAL CHARACTERISTICS)

1. Niram (colour)	1. Normal (Straw colour)	<input type="checkbox"/>	2. Yellow	<input type="checkbox"/>
	3. Milky white	<input type="checkbox"/>	4. Red	<input type="checkbox"/>
2. Manam (odour) :.....				
3. Alavu (volume	-----times/day		----- times/night	
4. Nurai (froth)	1. Present	<input type="checkbox"/>	2) Absent	<input type="checkbox"/>
5. Enjal (deposits)	1. Present	<input type="checkbox"/>	2) Absent	<input type="checkbox"/>

b) NEI KURI (oil spreading sign)

NEIKURI:

0 min	1 min	3 min
		
5 min	8 min	10 min
		

- | | |
|--|--------------------------|
| 1. Aravam (V) | <input type="checkbox"/> |
| 2. Mothiram (P) | <input type="checkbox"/> |
| 3. Muthu (K)- (Pearl beaded appear) | <input type="checkbox"/> |
| 4. Aravil Mothiram (VP)-Ring fashion in serpentine | <input type="checkbox"/> |
| 5. Aravil Muthu (VK)- (Pearl fashion in serpentine) | <input type="checkbox"/> |
| 6.Mothirathil Muthu (PK)- (Pearl fashion in ring) | <input type="checkbox"/> |
| 7. Mothirathil Aravam (PV)- (Serpentine fashion in ring) | <input type="checkbox"/> |
| 8.Muthil Aravam (KV)- (Serpentine fashion in pearl) | <input type="checkbox"/> |
| 9. Muthil Mothiram (KP)- (Ring fashion in pearl) | <input type="checkbox"/> |
| 10.Asathiyam (Amilthal) | <input type="checkbox"/> |
| 11. Mellena paraval (Slow spreading) | <input type="checkbox"/> |

12.others:-----

1.MANIKKADAI NOOL VIRARKADAI ALAVU:

Standard manikkadai for the above complaint:

.....

II.GUNAM

1. SathuvaGunam 2. RajoGunam 3. ThamoGunam

III.KOSAM

	Normal	Affected
1. Annamayakosam	<input type="checkbox"/>	<input type="checkbox"/>
2. Praanamyakosam	<input type="checkbox"/>	<input type="checkbox"/>
3. Manomayakosam	<input type="checkbox"/>	<input type="checkbox"/>
4. Vingnanamayakosam	<input type="checkbox"/>	<input type="checkbox"/>
5. Aanandamayakosam	<input type="checkbox"/>	<input type="checkbox"/>

IV.UYIR THATHUKKAL

A. VALI

	1. Normal	2. Affected	
1. Praanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Abaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Samaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Udhanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Viyaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Naahan	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Koorman	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Kirukara	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Devathathan	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Dhananjeyan	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. AZHAL**1. Normal 2. Affected**

- | | | | |
|---------------------|--------------------------|--------------------------|-------|
| 1. Analapittham | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 2. Prasaka pittham | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 3. Ranjaka pittham | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 4. Aalosaka pittham | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 5. Saathakapittham | | | ----- |

C. IYYAM**1. Normal 2. Affected**

- | | | | |
|----------------|--------------------------|--------------------------|-------|
| 1. Avalambagam | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 2. Kilethagam | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 3. Pothagam | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 4. Tharpagam | <input type="checkbox"/> | <input type="checkbox"/> | ----- |
| 5. Santhigam | <input type="checkbox"/> | <input type="checkbox"/> | ----- |

V. UDAL THATHUKKAL**Normal Increased Reduced**

- | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|
| SAARAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SENNEER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OON | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| KOZHUPPU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ENBU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MOOLAI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUKKILAM/SURONITHAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VI. MUKKUTRA MIGU GUNAM

Uyir thathukkal	Migu Gunam	Kurai Gunam
Vali	Udal ilaithu karuthal/ Soodana porutkalil viruppam/ Vayiru uppal/ Udal nadukkam/ Thookam kedal/ Thalai suzalal/ Ookkam inmai	Thazntha kural/ Moorchai/ Agni mantham/ Vaai neer Ooral/ Udal ganam/ Irumal/ Iraippu/ Migu thookkam
Azhal	Manjal niram/ Pasi adhigam/ udal erichal/ Kuraintha thookkam	Manthakkini/ Kulirchi
Aiyam	Agni mantham/ Vaai neer Ooral/ Udal ganam/ Irumal/ Iraippu/ Migu thookkam	Thalai suzalal/ Keelgal thalarchi (Creps), Viyarvai adhigam/ Padapadappu

VII.NOIUTRA KALAM

1. Kaarkaalam 2.Koothirkaalam
(Aug15-Oct14) (Oct15-Dec14)
3. Munpanikaalam 4.Pinpanikaalam
(Dec15-Feb14) (Feb15-Apr14)
5. Ilavenirkaalam 6.Muthuvenirkaalam
(Apr15-June14) (June15-Aug14)

IX. NOI UTRA NILAM

1. Kurunji 2. Mullai 3. Marutham
(Hilly terrain) (Forest range) (Plains)
4. Neithal 5. Paalai
(Coastal belt) (Desert)

OTHER RELEVANT CLINICAL EXAMINATIONS:

ANNEXURE 2: DATA INFORMATION SHEETS

INTERPRETATION OF HISTORY						
PARTICIPANT NO	OPD NO	AGE	SEX	DURATION	OCCUPATION	THEGA ILAKKANAM
1	13743	26	M	1M	Sales Man	PV
2	14107	52	M	6M	Teacher	PV
3	15483	36	M	3M	Business Man	KV
4	15552	30	F	5M	Tailor	KV
5	15652	29	M	3M	Engineer	VP
6	17369	42	M	2M	Painter	PV
7	17777	35	M	1M	Bank Manager	VP
8	17761	22	F	3M	Student	PV
9	17763	51	M	5M	Cooli	VP
10	18494	42	M	3M	Carpenter	PV
11	18882	45	M	3m	Teacher	VP
12	18885	42	F	3M	House Wife	KV
13	20247	35	F	3M	House Wife	VP
14	20498	40	M	1M	Tailor	PV
15	20520	21	M	3m	Student	VP
16	20608	49	M	3M	Cooli	VP
17	20969	42	F	3M	House Wife	KV
18	20996	36	M	3m	mechanic	PV
19	21332	39	M	5M	Electrician	VP
20	21336	41	F	6M	Teacher	PV
21	21747	36	M	3M	Police Man	VP
22	22278	36	M	3m	Teacher	VP
23	22703	35	M	3m	Watch Man	KV
24	23025	40	M	3M	Teacher	PV
25	23850	30	M	3M	Engineer	PV
26	23833	28	M	2M	Police Man	VP
27	24784	30	F	3m	Tailor	VP
28	25093	26	F	3m	Nurse	PV
29	25100	28	M	1M	Engineer	PV
30	25398	41	M	3M	Cooli	VP

31	25490	28	M	1M	lab tech	KV
32	25850	25	M	1M	Sales Man	VP
33	26562	23	M	3m	Sales Man	KV
34	27142	42	F	1M	House Wife	PV
35	27651	40	M	1Y	Cooli	VP
36	27963	28	M	3M	Police Man	PV
37	27980	38	F	3M	House Wife	VP
38	28392	38	M	6M	Sales Man	VP
39	28781	30	M	1M	Sales Man	KV
40	28797	46	M	3M	Cooli	PV

M- Months

Vp- Vatha pitham

Pv- Pitha vatham

Kv- Kabavatham

Kp- Kaba pitham

Vk- Vatha kabam

Pk-Pithakabam

Interpretation of Symptoms										
PARTICIPANT NO	OPD NO	Bloating of stomach	pain in upper abdomen	Burning sensation of chest	Altered taste sensation	nausea/ Vomiting	Difficulty in defecation	Difficulty in urination	unexplained weight loss	dizziness
1	13743	p	p	p	p	a	p	a	a	a
2	14107	p	p	p	p	a	p	a	a	a
3	15483	p	p	p	p	p	a	p	a	a
4	15552	p	p	p	p	a	p	a	a	a
5	15652	a	p	p	a	a	p	a	a	a
6	17369	p	p	p	p	a	p	a	a	a
7	17777	p	p	p	p	p	p	a	a	a
8	17761	p	p	p	a	a	a	p	a	a
9	17763	p	p	p	p	a	p	a	a	a
10	18494	p	p	a	p	p	a	a	a	a
11	18882	p	p	p	p	p	a	a	a	a
12	18885	p	p	p	p	a	p	a	a	a
13	20247	p	p	p	p	p	a	a	a	p
14	20498	p	p	p	p	a	a	a	a	a

15	20520	a	p	p	p	p	p	a	a	a
16	20608	p	p	p	p	p	a	p	a	p
17	20969	p	p	p	p	p	a	a	p	a
18	20996	p	p	p	a	a	p	a	a	a
19	21332	p	p	p	p	p	a	a	a	a
20	21336	p	p	a	p	a	a	a	a	a
21	21747	p	p	p	p	a	a	a	a	a
22	22278	p	p	p	p	a	a	a	a	a
23	22703	p	p	p	p	a	a	p	a	p
24	23025	p	p	p	p	a	p	a	a	a
25	23850	p	p	p	p	p	a	a	a	a
26	23833	p	p	p	p	p	a	p	a	a
27	24784	a	p	p	p	p	p	a	a	a
28	25093	p	p	p	p	p	a	p	a	a
29	25100	p	p	p	p	a	a	p	a	a
30	25398	p	p	p	p	a	a	p	a	a
31	25490	p	p	p	a	p	a	a	a	a
32	25850	p	p	p	p	a	p	a	a	a
33	26562	a	p	p	p	a	a	a	a	a

34	27142	p	p	p	p	a	a	p	a	a
35	27651	p	p	p	p	p	a	a	a	a
36	27963	a	p	p	p	a	a	a	a	a
37	27980	p	p	p	p	a	p	p	a	a
38	28392	p	p	p	p	a	a	a	a	a
39	28781	p	p	p	p	p	a	a	a	a
40	28797	p	p	p	p	a	p	a	a	a

P- Present

a- Absen

Interpretation Of Vatham

Participant No	Opd No	Age	Sex	Pranan	Abanan	Viyanan	Udhanan	Samanan	Naagan	Koorman	Kirugaran	Devadathan
1	13743	26	M	A	A	A	A	A	N	A	A	A
2	14107	52	M	A	A	A	A	A	N	N	A	N
3	15483	36	M	A	A	A	A	A	N	A	A	N
4	15552	30	F	A	A	A	A	A	N	A	A	N
5	15652	29	M	A	A	A	A	A	N	N	N	A
6	17369	42	M	A	A	A	A	A	N	A	A	N
7	17777	35	M	A	A	A	A	A	N	N	A	A
8	17761	22	F	A	A	A	A	A	N	A	A	N
9	17763	51	M	A	A	A	A	A	N	N	N	N
10	18494	42	M	A	A	A	A	A	N	A	A	A
11	18882	45	M	A	A	A	A	A	N	A	N	N
12	18885	42	F	A	A	A	A	A	N	A	A	N
13	20247	35	F	A	A	A	A	A	N	N	A	A
14	20498	40	M	A	A	A	A	A	N	A	N	N
15	20520	21	M	A	A	A	A	A	N	N	A	N
16	20608	49	M	A	A	A	A	A	N	A	A	A

17	20969	42	F	A	A	A	A	A	N	A	A	A
18	20996	36	M	A	A	A	A	A	N	A	N	N
19	21332	39	M	A	A	A	A	A	N	N	A	N
20	21336	41	F	A	A	A	A	A	N	A	A	A
21	21747	36	M	A	A	A	A	A	N	A	A	N
22	22278	36	M	A	A	A	A	A	N	N	N	N
23	22703	35	M	A	A	A	A	A	N	A	A	A
24	23025	40	M	A	A	A	A	A	N	N	A	N
25	23850	30	M	A	A	A	A	A	N	A	A	A
26	23833	28	M	A	A	A	A	A	N	N	A	N
27	24784	30	F	A	A	A	A	A	N	A	A	A
28	25093	26	F	A	A	A	A	A	N	A	A	N
29	25100	28	M	A	A	A	A	A	N	A	N	N
30	25398	41	M	A	A	A	A	A	N	N	A	A
31	25490	28	M	A	A	A	A	A	N	A	A	N
32	25850	25	M	A	A	A	A	A	N	A	A	N
33	26562	23	M	A	A	A	A	A	N	N	A	N
34	27142	42	F	A	A	A	A	A	N	A	A	A
35	27651	40	M	A	A	A	A	A	N	N	N	N
36	27963	28	M	A	A	A	A	A	N	A	A	A

37	27980	38	F	A	A	A	A	A	N	A	N	N
38	28392	38	M	A	A	A	A	A	N	N	A	N
39	28781	30	M	A	A	A	A	A	N	A	A	N
40	28797	46	M	A	A	A	A	A	N	N	N	A

N- Normal

A- Affected

INTERPRETATION OF PITHAM, KABAM

PARTICIPANT NO	OPD NO	AGE	SEX	PITHAM					KABAM				
				ANAR	RANJA	SATHA	AALOSA	PIRAAS	AVALAM	KILETHA	BOTHA	THARPA	SANTHI
				P	GAM	GAM	GAM	AGAM	BAGAM	GAM	GAM	GAM	GAM
1	13743	26	M	A	N	A	N	N	A	A	A	N	A
2	14107	52	M	A	A	A	A	A	A	A	A	A	A
3	15483	36	M	A	N	A	N	N	A	A	A	N	A
4	15552	30	F	A	N	A	N	N	N	A	A	N	N
5	15652	29	M	A	N	A	N	N	A	A	A	N	A
6	17369	42	M	A	A	A	N	A	N	A	A	N	N
7	17777	35	M	A	N	A	N	N	A	A	A	N	A
8	17761	22	F	A	N	A	N	N	A	A	A	N	A
9	17763	51	M	A	A	A	N	N	A	A	A	A	A
10	18494	42	M	A	N	A	N	A	A	A	A	N	A
11	18882	45	M	A	N	A	A	A	A	A	A	N	A

12	18885	42	F	A	N	A	N	A	A	A	A	N	A
13	20247	35	F	A	N	A	N	N	N	A	A	N	N
14	20498	40	M	A	N	A	N	N	A	A	A	N	A
15	20520	21	M	A	N	A	N	N	A	A	A	N	A
16	20608	49	M	A	A	A	A	A	N	A	A	A	N
17	20969	42	F	A	A	A	A	A	A	A	A	N	A
18	20996	36	M	A	N	A	N	N	N	A	A	N	N
19	21332	39	M	A	N	A	N	N	A	A	A	N	A
20	21336	41	F	A	A	A	N	A	A	A	A	N	A
21	21747	36	M	A	N	A	N	N	A	A	A	N	A
22	22278	36	M	A	N	A	N	N	N	A	A	N	N
23	22703	35	M	A	N	A	N	N	A	A	A	N	A
24	23025	40	M	A	A	A	N	N	A	A	A	N	A
25	23850	30	M	A	N	A	N	N	A	A	A	N	A
26	23833	28	M	A	N	A	N	N	N	A	A	N	N

27	24784	30	F	A	N	A	N	N	A	A	A	N	A
28	25093	26	F	A	N	A	N	N	A	A	A	N	A
29	25100	28	M	A	N	A	N	N	A	A	A	N	A
30	25398	41	M	A	A	A	N	N	N	A	A	N	N
31	25490	28	M	A	N	A	N	N	A	A	A	N	A
32	25850	25	M	A	N	A	N	N	A	A	A	N	A
33	26562	23	M	A	N	A	N	N	A	A	A	N	A
34	27142	42	F	A	A	A	N	A	N	A	A	N	N
35	27651	40	M	A	N	A	N	N	A	A	A	N	A
36	27963	28	M	A	N	A	N	N	A	A	A	N	A
37	27980	38	F	A	N	A	N	N	A	A	A	N	A
38	28392	38	M	A	N	A	N	N	N	A	A	N	N
39	28781	30	M	A	N	A	N	N	A	A	A	N	A
40	28797	46	M	A	A	A	A	A	A	A	A	A	A

N- Normal; A-Affected

INTERPRETATION OF UDAL THATHU PARISOTHANAI

PARTICIPANT NO	OPD NO	AGE	SEX	SAARAM	SENNEER	OON	KOZUPPU	ENBU	MOOLAI	SUKKILAM/SURONITHAM
1	13743	26	M	a	n	a	n	n	n	n
2	14107	52	M	a	a	n	a	a	n	n
3	15483	36	M	a	n	n	a	n	n	n
4	15552	30	F	a	n	n	n	n	n	n
5	15652	29	M	a	n	a	n	n	n	n
6	17369	42	M	a	a	a	n	a	n	n
7	17777	35	M	a	a	n	a	n	n	n
8	17761	22	F	a	n	a	a	n	n	n
9	17763	51	M	a	a	a	n	n	n	n
10	18494	42	M	a	a	a	a	a	n	n
11	18882	45	M	a	a	a	a	a	n	n
12	18885	42	F	a	a	n	a	a	n	n
13	20247	35	F	a	n	a	a	n	n	n
14	20498	40	M	a	a	n	n	n	n	n

15	20520	21	M	a	n	a	a	n	n	n
16	20608	49	M	a	a	a	n	n	n	n
17	20969	42	F	a	a	n	a	n	n	n
18	20996	36	M	a	n	a	a	n	n	n
19	21332	39	M	a	a	a	n	n	n	n
20	21336	41	F	a	a	n	a	a	n	n
21	21747	36	M	a	n	n	a	n	n	n
22	22278	36	M	a	n	n	n	n	n	n
23	22703	35	M	a	n	a	n	n	n	n
24	23025	40	M	a	a	n	n	n	n	n
25	23850	30	M	a	n	n	a	n	n	n
26	23833	28	M	a	n	a	n	n	n	n
27	24784	30	F	a	a	n	n	n	n	n
28	25093	26	F	a	n	n	a	n	n	n
29	25100	28	M	a	n	a	n	n	n	n
30	25398	41	M	a	a	n	n	a	n	n
31	25490	28	M	a	n	n	a	n	n	n
32	25850	25	M	a	n	n	n	n	n	n
33	26562	23	M	a	n	a	n	n	n	n
34	27142	42	F	a	a	a	n	a	n	n

35	27651	40	M	a	a	n	a	a	n	n
36	27963	28	M	a	n	a	a	n	n	n
37	27980	38	F	a	a	n	n	n	n	n
38	28392	38	M	a	n	a	a	n	n	n
39	28781	30	M	a	a	a	n	n	n	n
40	28797	46	M	a	a	n	a	a	n	n

N- Normal

A- Affected

INTERPRETATION OF ENNVAGAI THERVU

PARTICIPANT NO	OPD NO	AGE	SEX	NAA	NIRAM	MOZHI	VIZHI	SPARISAM	MALAM	MOOTHIRAM					NEIKURI	NAADI
										NEERKURI						
										NR	MA	NU	EDAI	ENJAL		
1	13743	26	M	A	K	TO	N	MV	A	M	N	N	N	N	PV	PV
2	14107	52	M	A	M	SO	A	V	N	M	N	A	N	N	PV	PV
3	15483	36	M	A	K	SO	N	T	N	M	N	N	N	N	KV	KV
4	15552	30	F	A	V	TO	N	V	N	M	N	A	N	N	KV	KV
5	15652	29	M	A	M	SO	N	N	A	M	A	A	N	N	VP	VP
6	17369	42	M	A	K	UO	A	V	N	M	N	N	N	N	PV	PV
7	17777	35	M	A	M	SO	A	V	N	M	N	A	N	N	VP	VP
8	17761	22	F	A	V	UO	N	MV	A	M	N	N	N	N	PV	PV
9	17763	51	M	A	K	SO	A	T	N	M	A	A	N	N	VP	VP
10	18494	42	M	A	V	SO	A	N	N	M	N	N	N	N	PV	PV
11	18882	45	M	A	M	TO	A	MV	N	M	N	N	N	N	VP	VP
12	18885	42	F	A	K	SO	A	N	A	M	N	A	N	N	KV	KV
13	20247	35	F	A	M	UO	N	MV	N	M	A	A	N	N	VP	VP

14	20498	40	M	A	K	SO	A	V	A	M	N	N	N	N	PV	PV
15	20520	21	M	A	V	TO	N	MV	N	M	N	A	N	N	VP	VP
16	20608	49	M	A	K	SO	A	T	N	M	A	N	N	N	VP	VP
17	20969	42	F	A	M	UO	A	MV	A	M	N	N	N	N	KV	KV
18	20996	36	M	A	V	TO	N	V	N	M	N	A	N	N	PV	PV
19	21332	39	M	A	K	SO	A	MV	N	M	A	N	N	N	VP	VP
20	21336	41	F	A	K	SO	A	V	N	M	N	N	N	N	PV	PV
21	21747	36	M	A	M	SO	N	T	A	M	N	A	N	N	VP	VP
22	22278	36	M	A	K	SO	N	N	N	M	N	N	N	N	VP	VP
23	22703	35	M	A	K	TO	N	V	N	M	N	N	N	N	KV	KV
24	23025	40	M	A	M	SO	A	MV	N	M	A	A	N	N	PV	PV
25	23850	30	M	A	K	UO	N	MV	N	M	N	N	N	N	PV	PV
26	23833	28	M	A	K	TO	N	V	A	M	N	A	N	N	VP	VP
27	24784	30	F	A	V	SO	A	MV	N	M	N	A	N	N	VP	VP
28	25093	26	F	A	K	SO	N	V	N	M	A	A	N	N	PV	PV
29	25100	28	M	A	M	SO	N	MV	A	M	N	N	N	N	PV	PV
30	25398	41	M	A	K	TO	A	V	N	M	N	A	N	N	VP	VP
31	25490	28	M	A	M	SO	N	V	N	M	N	N	N	N	KV	KV

32	25850	25	M	A	K	UO	N	T	N	M	A	A	N	N	VP	VP
33	26562	23	M	A	V	SO	N	MV	N	M	N	N	N	N	KV	KV
34	27142	42	F	A	M	SO	A	V	A	M	N	N	N	N	PV	PV
35	27651	40	M	A	K	TO	A	N	N	M	A	A	N	N	VP	VP
36	27963	28	M	A	M	UO	N	N	N	M	N	N	N	N	PV	PV
37	27980	38	F	A	K	SO	A	V	N	M	N	A	N	N	VP	VP
38	28392	38	M	A	V	TO	N	MV	A	M	N	N	N	N	VP	VP
39	28781	30	M	A	M	SO	A	N	N	M	A	A	N	N	KV	KV
40	28797	46	M	A	K	SO	A	V	N	M	N	A	N	N	PV	PV

M- Male; F- Female

N-Normal; A- Affected

UO- Uratha Oli; TO- Thazntha Oli; SO- Sama Oli

MV- Mitha veppam; V- Veppam; T- Thatpam

Neerkuri- N- Normal; A- Abnormal

Vp- Vathapitham; Pv- Pitha vatham; Vk- Vathakabam; Pk- Pithakabam; Kv- Kabavatham; Kp- Kaba pitham

Annexure:3- Screening and Trial registration certificates



The Tamil Nadu Dr.M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

This certificate is awarded to Dr. K. MANI

for participating as Delegate / Resource Person in the 27th Workshop on

“ How To Do a Good Dissertation & Publish?” Research Methodology and Biostatistics:

For AYUSH Post - Graduates & Researchers organized by the Department of Siddha,

The Tamil Nadu Dr.M.G.R. Medical University from 16.04.2018 to 20.04.2018 .


Dr.N.KABILAN, M.D.(S), Ph.D.,
PROF & HEAD, DEPT.OF SIDDHA


Prof.Dr.T.BALASUBRAMANIAN, M.S.,D.L.O.,,
REGISTRAR


Prof. Dr.S.GEETHALAKSHMI, M.D., Ph.D.,
VICE CHANCELLOR

GOVERNMENT SIDDHA MEDICAL COLLEGE & HOSPITAL

PALAYAMKOTTAI



CONTINUING MEDICAL EDUCATION PROGRAMME



This is to certify that Dr K. MANI has participated in the CME programme held on 25-6-18 at Conference Hall, Special Therapy Wing, Govt. Siddha medical college, Palayamkottai.

This programme is focused on “Siddha Maruthuva Murai Parisothanaigal ”

S. Sridhar
26/6/18
Prof. Dr. S. Victoria MD(S)

(Head of the department)

R. Neelavathy

Prof. Dr. R. Neelavathy MD(S) PhD

(Principal)



CERTIFICATE

CME PROGRAMME

Conducted By

**POST GRADUATE DEPARTMENT OF SIRAPPU MARUTHUVAM
GOVERNMENT SIDDHA MEDICAL COLLEGE & HOSPITAL
PALAYAMKOTTAI**

Certificate No. Part / 034

This certificate is proudly presented to Dr. K. MANI P.G. Scholar

for the Participation in **“AYUSH External Therapies (Siddha)-SOP”**

held on 18-07-2018 at Government Siddha Medical College & Hospital, Palayamkottai.

Prof. Dr. A.S. Poongodi Kanthimathi M.D (Siddha),

Head - Department of Sirappu Maruthuvam.

Prof. Dr. R. Neelavathy M.D (Siddha), Ph.D.,

Principial.



सर्वमे जयते
Ministry of AYUSH

EZHAAM THERVU 2018

National Conference on

PRACTICAL APPROACHES OF SIDDHA DIAGNOSTIC TOOL NEERKURI AND NEIKURI

Sponsored by

Ministry of AYUSH, Govt. of India

Supported by

Directorate of Indian Medicine and Homeopathy, Chennai

CERTIFICATE

This is to certify that Prof./Dr./Sh./Km./Smt. K. Mani
has participated in the National Conference of Ezhaam Thervu 2018 Practical Approaches of Siddha Diagnostic Tool Neerkuri
and Neikuri organized by Indian Medicine Welfare Trust, Madurai on 17th and 18th November 2018 at MADITSSIA
Auditorium, Madurai.


Convener


Program Co-coordinator



Chairman



SARADA MAHADEVA IYER AYURVEDIC EDUCATIONAL & CHARITABLE TRUST

Dr. L. Mahadevan's Ayurvedic Foundation
Derisanamcope - 629851, Kanyakumari Dist., Tamilnadu

Certificate of Participation

This is certify Dr./ Mr./Ms. **K. MANI**

has participated in **Vaidyanadham 2018** one day National Seminar on Ayurvedic & Siddha
diagnosis and application of treatment principles in general practice conducted
at Vivekananda Kendra, Kanyakumari, Tamilnadu on
24th June 2018 (Sunday)

R. Chidambaram

Dr. K. Chidambaram, B.A.M.
Program Co-ordinator

L. Mahadevan

Dr. L. Mahadevan, B.A.M.S,MD
Director

DR. Y. MAHADEVA IYER'S SRI SARADA AYURVEDIC HOSPITAL
Derisanamcope, Azhagiapandiapuram Post, Kanyakumari Dist - 629851, Tamilnadu.
www.vaidyanadham.com, www.saradaayurveda.in



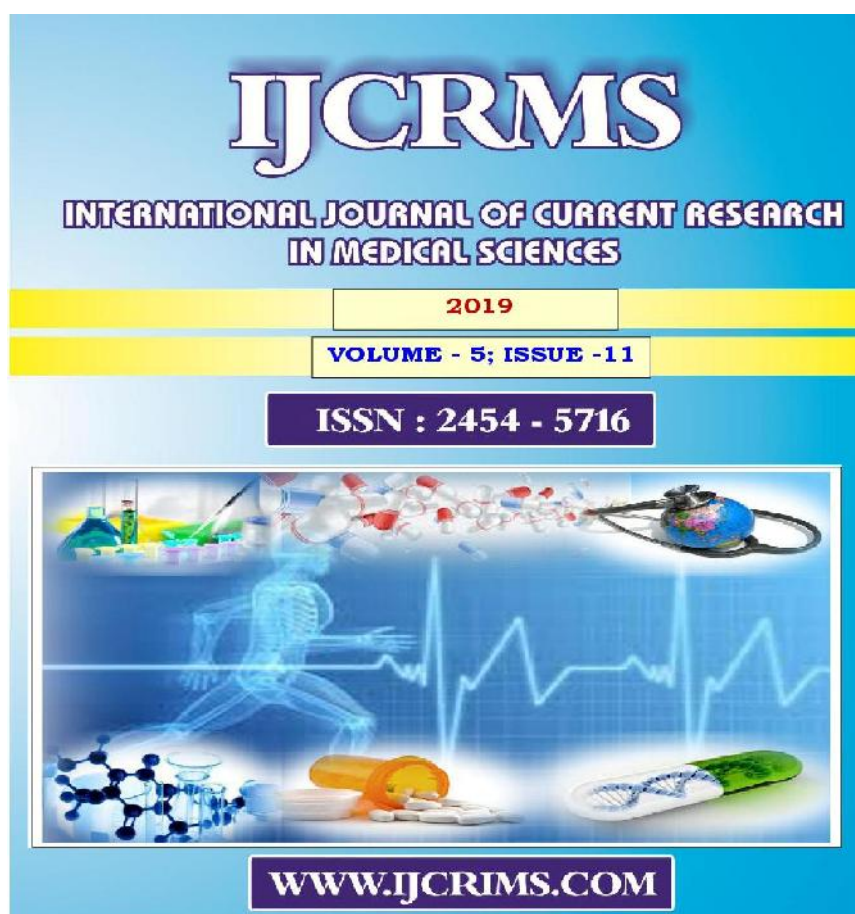
Medicinal plants used for Sinusitis (Peenisam) in Siddha system – A review

Dr. B. Balarasheeda, Dr. K. Mani, Dr. S. Victoria

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CERTIFICATE OF ACCEPTANCE

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the Research/Review paper of

Mani. K¹, Balarasheeda. B¹, Victoria. S²

¹PG Scholar Department of noi nadal, Government Siddha Medical College and Hospital, Palayamkottai

²Professor Department of Noi Nadal Government Siddha College and Hospital Palayamkottai

Topic: **Single herb therapy in the management of Galactogogues in Siddha perspective –
A Review.**

(Volume: 4, Issue: 11 - 2019)

The Research paper is original and Innovative. It is Peer-Reviewed.
This Certification is awarded to all authors of the aforementioned paper for every legal use.



Dr. N.S. NEKI
Editor in Chief
IJCRBM

**Prof & Unit Head, Dept. of Medicine,
Govt. Medical College, Amritsar, India**

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IJCRBM

**Prof & Unit Head, Dept. of Medicine,
Govt. Medical College, Amritsar, India**



Clinical Trial Details (PDF Generation Date :- Sun, 21 Jun 2020 09:21:15 GMT)

CTRI Number	CTRI/2019/07/020094 [Registered on: 09/07/2019] - Trial Registered Prospectively		
Last Modified On	21/06/2020		
Post Graduate Thesis	Yes		
Type of Trial	Observational		
Type of Study	Descriptive		
Study Design	Other		
Public Title of Study	Analysis of kunmasoolai by eight fold examination diagnosis		
Scientific Title of Study	A STUDY OF SIDDHA DIAGNOSTIC METHODOLOGY OF ENNVAGAITHERVU FOR KUNMA SOOLAI		
Secondary IDs if Any	Secondary ID	Identifier	
	NIL	NIL	
Details of Principal Investigator or overall Trial Coordinator (multi-center study)	Details of Principal Investigator		
	Name	Dr k mani	
	Designation	Pg scholar	
	Affiliation	Government Siddha Medical College,Palayamkottai	
	Address	Department of Noi Naadal, Government Siddha Medical College and Hospital Palyamkottai,Tirunelveli Tirunelveli TAMIL NADU 627002 India	
	Phone	7418392012	
	Fax		
	Email	manimunu2013@gmail.com	
	Details Contact Person (Scientific Query)	Details Contact Person (Scientific Query)	
		Name	Dr S Victoria
Designation		Professor, Head of the Department	
Affiliation		Government Siddha Medical College and Hospital, Palayamkottai	
Address		Department of Noi Naadal, Government Siddha Medical College and Hospital Palyamkottai,Tirunelveli Tirunelveli TAMIL NADU 627002 India	
Phone		9444109971	
Fax			
Email		drvictoriathangaraj@gmail.com	
Details Contact Person (Public Query)		Details Contact Person (Public Query)	
	Name	Dr k mani	
	Designation	Pg scholar	
	Affiliation	Government Siddha Medical College and Hospital, palayamkottai	
	Address	Deoarment of Noi Naadal Government Siddha Medical College and Hospital Palyamkottai,Tirunelveli Tirunelveli TAMIL NADU 627002 India	
	Phone	7418392012	



	Fax			
	Email	manimunu2013@gmail.com		
Source of Monetary or Material Support	Source of Monetary or Material Support			
	> Government Siddha Medical College and Hospital palayamkottai,tirunelveli.			
Primary Sponsor	Primary Sponsor Details			
	Name	Government Siddha Medical College and Hospital		
	Address	Government Siddha Medical College and Hospital, Palayamkottai, Tirunelveli-627002		
	Type of Sponsor	Research institution and hospital		
Details of Secondary Sponsor	Name	Address		
	NIL	NIL		
Countries of Recruitment	List of Countries			
	India			
Sites of Study	Name of Principal Investigator	Name of Site	Site Address	Phone/Fax/Email
	Dr K Mani	Government Siddha Medical College and Hospital, Palayamkottai	Government Siddha Medical College and Hospital, Palayamkottai, Tirunelveli- 627002 Tirunelveli TAMIL NADU	7418392012 manimunu2013@gmail.com
Details of Ethics Committee	Name of Committee	Approval Status	Date of Approval	Is Independent Ethics Committee?
	Institutional Ethics Committee	Approved	27/03/2018	No
Regulatory Clearance Status from DCGI	Status		Date	
	Not Applicable		No Date Specified	
Health Condition / Problems Studied	Health Type		Condition	
	Patients		Disease of stomach and duodenum, unspecified	
Intervention / Comparator Agent	Type	Name	Details	
	Comparator Agent	NIL	NIL	
Inclusion Criteria	Inclusion Criteria			
	Age From	20.00 Year(s)		
	Age To	50.00 Year(s)		
	Gender	Both		
	Details	Group 1 1 Age 20 to 50 years 2 Blotting of stomach 3 Pain in upper abdomen 4 Abnormal taste sensation 5 Burning sensation in chest Group 2 1 Nausea 2 Vomiting 3 Discomfort during defecation and urination 4 Unexplained wait loss patients with Group 1 and any 2-3 symptoms of Group 2 will be included in the study		
Exclusion Criteria	Exclusion Criteria			



Details	1 Stomach cancer 2 Pancreatitis 3 Cirrhosis of liver 4 Vulnerable group	
Method of Generating Random Sequence	Not Applicable	
Method of Concealment	Not Applicable	
Blinding/Masking	Not Applicable	
Primary Outcome	Outcome	Timepoints
	Establishing the relevance of sage Yugi symptomatology about the kunma soolai of the present day patient sample	1 year
Secondary Outcome	Outcome	Timepoints
	1 Arriving at an interpretation of kunma soolai and its siddha pathophysiology and symptomatology. 2 Findings of udal vaagu and kutra vaagu 3 Findings of Ennvagaitervu	1 year
Target Sample Size	Total Sample Size=40 Sample Size from India=40 Final Enrollment numbers achieved (Total)=40 Final Enrollment numbers achieved (India)=40	
Phase of Trial	N/A	
Date of First Enrollment (India)	13/07/2019	
Date of First Enrollment (Global)	No Date Specified	
Estimated Duration of Trial	Years=1 Months=0 Days=0	
Recruitment Status of Trial (Global)	Not Applicable	
Recruitment Status of Trial (India)	Completed	
Publication Details	NIL	
Brief Summary	According to siddha concept alteration in udal thathukal and uyir thathukal causes disease.KUNMA SOOLAI is one of the disease characterised by Yugi in vaithiyasinthamani text. It is characterised by discomfort during defecation and urination ,moderate to severe pain in upper abdomen,abnormal taste sensation,burning sensation in the chest ,unexplained wait loss,blotting of stomach,nausea and vomiting.	